

# **JOURNAL**

Ronald Zenga 11939070  
950 High Street  
Central Falls, RI 02863

October 16, 2020

George N. Collins, MA  
43 Quail Court, Suite 208  
Walnut Creek, CA 94596

Dear Mr. Collins,

Thank you for responding to my letter. I read it to the guys in our SOTP group yesterday and, to a man, they were genuinely touched that you would not only send us materials but also personally reply. I think it made us all feel more human to know that there are people out there, some whom we've never met, who are willing to look past the label of "sex offender" (or "skimmers" and "rippers" as we're called in here) and see us as men who are trying to reclaim their lives and take responsibility for their actions. On behalf of the entire SOTP group, I thank you again for your generosity and kindness.

The day your letter arrived I was writing what ended up being an eight page letter to my father. In this letter I came clean to him about my behavior. It was one of the most painful letters I've ever written and I felt I was marching myself through it at bayonet point in order to follow through with a beneficial and healthy, thought difficult, behavior. I had requested my lawyer send him a copy of the prosecution's evidence against me but I felt he deserved to hear it from me in my own words. In your letter you wrote, "Just show up and tell the truth," and it resounded with me. Sometimes that's not pleasant to do, but I've come to realize that the truth is always better than the alternative of avoidance or hiding behind addictive behavior. I worry that if I do not speak the truth about everything I've done, then my addict will hold on to some undisclosed, deviant memory and the cycle will have a chance to begin again. And while speaking up during group sessions about what I've done has been a personal part of my recovery, it occurs to me that by being this open it may encourage others to do the same.

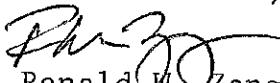
I thank you again for taking the time to write to me and for asking me such valuable questions. I know I want to prevent people from doing what I did and help those who already have done similar things. Regardless of the length of my sentence, I plan to complete my continuing education in psychology and addiction and begin to assist those with whom I am incarcerated. Post-release, I look forward to continuing to work with the incarcerated and reaching out to those who struggle with compulsive sexual behavior and those who have yet to realize they have a problem. I hope that I will be able to work with local and federal agencies to provide counseling to people serving the supervised release portion of their sentence and, like you, I would like to use the internet, print, and other media to reach current sex addicts in the places where they go to feed their addiction. My goal is to curb the compulsion, prevent the offense, and reform the offender thereby reducing victimization and protecting those who have already been victimized. I know this sounds like a lot but I can do this. I know it.

October 16, 2020

To that end, I've already begun work. Earlier this year my counselor challenged me to research and write a behavioral doctrine to follow during my recovery. Breaking the Cycle, along with Stillness Speaks by Eckhart Tolle, Man's Search for Meaning by Viktor Frankl, The Porn Trap by Wendy Maltz, The Truth About Addiction and Recovery by Stanton Peele, and The Alcoholism and Addiction Cure by Chris Prentiss have accounted for the bulk of the limited research I've been able to do in the last eight months. I built my guide around the concept of the OODA Loop. Whereas the military application of the OODA Loop usually emphasizes quick reactions, I use it as a foundation for slowing down and becoming cognizant of the way we observe the world around us, how we orient ourselves to what we observe, how and hwy we make decisions, and how we carry out and asses our actions. It is my hope that after I am sentenced I will be transferred to a facility where I can receive professional counseling as well as begin work on a Master's Degree in Psychology and build on what I've already written.

Thank you again for your encouragement and support. As long as you don't mind me standing on your shoulders, I will build on what you've done. I will show up and tell the truth. I will make this happen! Please take care and stay healthy out there.

All the best,

  
Ronald W. Zenga

P.s. - As I wrote this letter our entire facility was locked down due to another COVID outbreak. Our SOTP group along with all visitation, court appearances, transfers to/from the facility have been canceled until further notice.

October 9, 2020

Dear Ronald,

Goops! I'm so sorry that it took so long to reply to you (and the guys). Because of Covid (and my move to home from my office) a packet of mail was temporarily lost. I just came upon it today. I'm so glad that you've made use of the books. The tools that I came up with (for myself) seem to be useful to a whole lot of men. For that I am quite thankful.

When I decided to be a sexual addictions counselor, twenty five years ago, I interviewed a dozen well known Bay Area therapists to see if they thought that I could make a living just working with sex addiction. The answers were a resounding NO. Well, I didn't listen. The way I started my practice was to have my business cards made into sticky notes. I then went to all the adult theaters and porn shops in our area and stuck 'em up wherever I could. The next week I had a full load of clients. It's been that way since. I've advertised in the hooker section of free newspapers. I've found ways to get on radio and TV. Whatever.

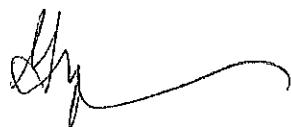
What I'm telling you is that IF you want to devote your life to this work....you will find a way. Of COURSE you'll be good at it AND (because of your history) you'll be believable. I would recommend that you get as much education in psychology as you can. It's important to be able to read people and it also looks good on your resume. A Master's Degree is best. I have dyslexia (the letters get mixed up) and have to read with a highlighter. Graduate school was hard, but I got it done. I'm sure it took me hours longer than most of the other students. But, I did it. You can too.

Start now and create, like I did, what YOU want to do. What population do you want to work with? How will you get to them? Who do you contact? Be relentless. Start YOUR book...NOW. Just notes and thoughts. Build on that as you go. Start with my material and add TO it. Just show up and tell the truth. MAKE it happen.

You have a strong management background and the capability to get stuff DONE.

DO THIS.

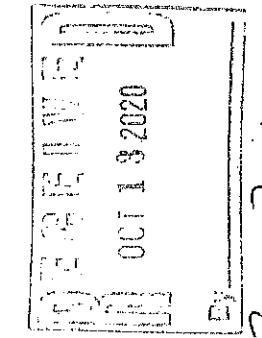
Best, George



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Ronald Zenga 11939070  
950 High Street  
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August 27, 2020

George N. Collins  
Compulsion Solutions  
43 Quail Court, Suite 208  
Walnut Creek, CA 94596

Dear Mr. Collins and Everyone at Compulsion Solutions,

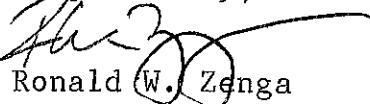
On behalf of the Sex Offender Treatment Group here at the Donald W. Wyatt Detention Center, thank you very much for the materials you sent. The books have already been put to good use by two new members of the group and the Breaking the Cycle workbook is now being used as the curriculum for our group. Compulsion Solutions was one of seven different mental health practices that we reached out to for help. In the three months since we began asking for help, only you have replied.

On a personal note, I am hoping someone at Compulsion Solutions can answer a question for me. Is it possible for me, as a convicted felon and registered sex offender, to become a counselor who works with sex offenders and other addicts? Although I have reached out to the staff here to answer this question they have not been able to find an answer. As someone who will have gone through the federal prison system, post-release requirements, and reintegration struggles, I believe I would be in a unique position to be able to help people by sharing a common background with those who need help. As I write this I know that I willingly carry an obligation, as well as a desire, to help others not go where I did and to help those who have.

I understand this is a very broad question and many things may factor into the answer, however, I know that many substance abuse counselors have battled their own addictions and some are convicted felons. Moreover, you, Mr. Collins, have also overcome your addiction and gone on to help countless others (thankfully without hitting my kind of low bottom). Aside from co-facilitating our group sessions for the last six months I have no experience in this area. Any information you can provide, even if it only relates to California, would be a great starting point for me. (Not sure if it helps at all but I have enclosed a copy of my resume to document my background and as a possible starting point for further training. It was current as of my arrest in 2018.)

Again, on behalf of our SOTP group, thank you for your generosity. And, personally, thank you for the difference you have made in my life. I hope this letter finds everyone at Compulsion Solutions, and their families safe and healthy during these extraordinary times.

Respectfully,



Ronald W. Zenga

Ronald Zenga 11939070  
950 High Street  
Central Falls, RI 02863

July 26, 2020

George N. Collins  
Compulsion Solutions  
43 Quail Court, Suite 208  
Walnut Creek, CA 94596

Dear Mr. Collins,

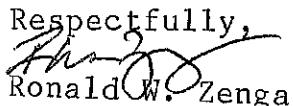
On October 17, 2018, I hit my low bottom. Early that morning, federal and state law enforcement executed a search warrant on my house and shortly thereafter I was led out in handcuffs. This was the end of a slide into compulsive sexual behavior that began shortly after my return from Iraq in 2012. During those six years I finished my career in the Navy while struggling to fight my PTSD. Sex was the drug that kept me distracted from the memories I couldn't face and, when that wasn't strong enough, I turned to writing incest-based fantasies, viewing child pornography, and even worse deviant behaviors.

Looking back, I now consider October 17, 2018, to be the best-worst day of my life. It was the best day because they ended the behavior that I couldn't stop. It was the worst day because it sent tsunami-sized waves of pain into the lives of everyone I love. Since then, I have been held at the Donald W. Wyatt Detention Center in Central Falls, RI. I am currently housed in the protective custody unit with more than 50 others, approximately 70-90% of whom have allegedly committed sex offenses. Of that percentage, only nine people have volunteered to attend the facility's Sex Offender Treatment Program. I have attended the group since I arrived and this February I was named co-facilitator of the group.

As a privately run center, Wyatt possesses neither the capability nor the capacity to provide treatment to those who seek it. Those of us who have sought help have had to concoct DIY treatment augmented by SOTP group meetings and infrequent, usually brief and impersonal, one-on-one therapy sessions. Your book, Breaking the Cycle, has been a powerful ally in the battle to silence our addicts and reclaim our lives. The copy my parents sent me is now dog-eared and worn after having been read by everyone in the group.

Is there anything else available from Compulsion Solutions that can assist us? Those of us in group are doing our best to rebuild the foundations of our lives but our group lacks a coherent syllabus for treatment and our self-help resources are limited to your book, Wendy Maltz's The Porn Trap, and several activity packets printed from the internet by the facility's Mental Health Coordinator. Anything you can provide would be welcomed with open arms.

On behalf of the nine group members who attend Sex Offender Treatment here at Wyatt, thank you for everything you've done to help us.

Respectfully,  
  
Ronald W. Zenga

July 26, 2020

If you are able to help in any way I request that anything larger than a letter be mailed to the facility's Mental Health Coordinator at the following address:

Nicole Rodrigues, Mental Health Coordinator  
Donald Wyatt Detention Center  
950 High Street  
Central Falls, RI 02863

# My Journey Discovering New Choices

A personal journal of how I went about...

**Stopping Sex Addiction**



**Finding Forgiveness**



**Changing My Life**

**Ronald W. Zenga**

Draft Version  
**July 28, 2021**

Ronald W. Zenga, 11939070  
950 High Street  
Central Falls, RI 02863

AUG 02 2021

July 22, 2021

Law Office of John L. Calcagni, III  
72 Clifford Street, Suite 300  
Providence, RI 02903

Dear John,

As requested, in advance of my psycho-sexual evaluation I have enclosed the writing I have done thus far. It began as an assignment from Wyatt mental health provider Melissa Grifka when she challenged me to develop a personalized plan to modify my behavior. I hand-wrote the first several versions of my plan (see enclosed) and reviewed them with Ms. Grifka before she stopped working at Wyatt. Her recommendation was to continue writing as a way to conduct my own cognitive behavioral therapy and it has proven to be an invaluable.

Later, in August 2020, I corresponded with author George N. Collins who challenged me to write my own book. At that time I began to expand the scope and format of what I had previously written. Currently, when I read new material or respond to new external or internal events in my life I add to or revise this draft. I acknowledge that it is still very rough in places but, as it stands now, this work is a combination of the methods I have use to identify and correct my own behavior, as well as the methods I use when conducting peer counseling and co-facilitating the Sex Offender Treatment Group here at Wyatt.

\*/Please send a copy to my father at the following address: \*

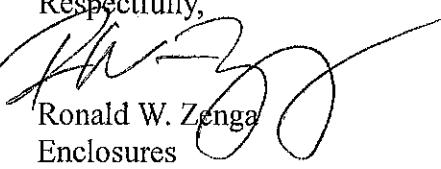
Daniel Zenga  
7098 Gaywood Dr. NW  
Laporte, MN 56461

Finally, have you made the contacts I requested in my letter of May 28, 2021? Please let me know. Also, I finally gained access to my Facebook account and will be sending requests for support to approximately 50 individuals beginning next week. I will forward their names and contact information when I receive them.

Thank you again for your assistance. Until we speak again, be well.

Respectfully,

Ronald W. Zenga  
Enclosures



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## Foreword

My intention when I began writing was primarily to document my recovery. The title comes from a discussion I had with my father. He showed me that at every step along the way I have always had the ability to make a choice. He told me that instead of repeatedly making unhealthy or deviant choices, I needed to learn how to make new choices: ones which were healthy and helped me to cope with my problems. And after more than two years of introspection and documenting my recovery process it occurred to me that this has the potential to help men and women overcome all types of sex addiction (also known as compulsive sexual behavior). This started as a hand-written personal journal and running list of my cognitive behavioral therapy techniques but I changed the format to be more book-like in order to organize the steps of my process. In this form I think it can help those who have decided to ask for help, those who think they need help, and also those who have been mandated treatment following a criminal offense. My own perceptions and experiences have been augmented by the reading I have done. As it stands now, this is a synthesis of available, accepted research on compulsive sexual behavior (CSB), my own experiences, and the experiences of people I have met. It applies a positive, future-oriented, values-focused holistic approach to treatment and recovery.

I survived sexual abuse as a child and survived sexual assault as an adult. In 2012, I refused to ask for help coping with my PTSD and instead sought distraction and gratification in sexual behavior. This quickly progressed to a compulsive need for sexual stimulation which eventually became deviant. In October 2018 I was arrested. I later plead guilty to possession, receipt, and distribution of child pornography, and enticement of a minor. I was sentenced to 11 years in federal prison and during that time I worked to identify and confront the root cause of my behavior and to re-learn healthy coping skills.

However you come to read my journal, I welcome your interest. If you're trying to learn more about me, please do not hesitate to ask questions. If you think you may have a problem with CSB, congratulate you on taking the first step. You've done what I couldn't do until after my arrest: seek help. Having survived the horrible depths of my behavior, witnessed the pain I caused to the people I most loved, and survived within the federal prison system; the last thing I can bear to see happen is for one more victim to be created, one more family to be destroyed, or one more dream lost to unhealthy sexual behavior. I although I pray you are reading this before you hit bottom, if not, don't lose hope. I have recovered, and you can too. Change is possible. All it takes is the proper motivation, skills, and values to make new choices in your life.

We spend a lot of money to learn. From cradle to grave, untold sums are spent: pre-schools, secondary schools, colleges and universities, technical and trade schools, ongoing [career/professional] education, and the list goes continues. It's hard to watch TV today without seeing an ad for an online university! But how much of that educational investment is spent learning how to care for our mental health so we may live healthy lives? When I was arrested, millions of dollars had been invested in my education; from my Bachelor's Degree in English, through my Navy flight training, and on to two Master's Degrees. But none of that was sufficient to prepare me for my struggle to [face/confront/succeed] against CSB. During my first 24 months of incarceration I completed 36 self-help workbooks, in-person courses, as well as group and individual therapy. I was a man in his mid-40s with a two-page résumé full of professional and educational accomplishments. But even as [basic/simple] as some of those courses seemed, I found I was learning something every day...how could this be? Had I learned and ignored those basic emotional lessons, or had I never been taught? And what was the effect of my [emotional/psychological] ignorance? The answer was right in front of me. Despite the high points along the way, I was confronted with two failed marriages to the same woman, untold emotional damage done to my daughter, and estrangement from most of my family and friends. As of October 2018, my life more resembled a dumpster fire than a polished

résumé of successes.

I was fortunate that, even though I had hit a deep, dark bottom, I was not alone. It has been said that life sends you the teachers you need, when you need them. [I have many.] Within those first 24 months I was fortunate to have those 36 workbooks, a former boss who has known me longer as a felon than as an employee, a nationally known author and counselor who has overcome his own CSB and treated countless others, a teacher who is a master of martial arts and meditation but also of self-healing, a father with over 30 years' experience as a counseling psychologist, a younger brother who had always been my "big brother" whether he realized it or not, and a therapist who took the time to listen and to challenge me to find a way to heal myself.

From that spectrum of teachers I gained the academic, physical, spiritual, and [practical/behavioral] education I needed to overcome my past trauma, implement new behaviors and healthy coping skills, and ultimately remake my life in order to [defeat/overcome/recover from] my CSB. This journal is the product of my journey and I hope you find it a worthwhile educational investment in creating a holistically healthy life free from CSB.

Adding to the mental, physical, and spiritual foundation of my personal recovery are works by recognized experts in the fields of psychology, compulsive sexual behavior, addiction treatment, and recovery: John Boyd, John Bracy, Patrick Carnes, George N. Collins, Viktor Frankl, Judith Herman, Wendy Maltz, Stanton Peele, Chris Prentiss, Eckhart Tolle, and Pamela Yates just to name a few. It also must be mentioned that this book is a product of my *n years* of incarceration. During that time I have been able to share with, listen to, and receive mutual support from men and women who have fought on a daily basis to overcome their own compulsive sexual behavior. Conversely, I have also learned from and seen my former self reflected to me in other addicts, sex offenders, drug dealers, and violent offenders who willingly ignore their problems and refuse treatment or assistance. I have learned as much from the negative examples and repeat offenders as I have from the people who were determined to change their lives.

Thus, I write my journal drawing from the lessons of many teachers, standing on the shoulders of experts who have dedicated their lives to understanding and overcoming sex addiction, and from my own experiences and those of others who generously allowed me to use their stories. This is a personal work that reflects my experiences, my recovery, and the techniques I employed in that recovery. In this journal I hope you find the inspiration to take the first steps on your road to recovery and gain the practical knowledge to eventually overcome your own struggle with compulsive sexual behavior.

*"It involves the best and worst shades of our common nature, much of its ugliest hues and something of its most beautiful; it is a contradiction, an anomaly, an apparent impossibility, but it is a truth. I am glad to have it doubted, for in that circumstance I find a sufficient assurance that it needed to be told." - Charles Dickens*

**My Mission Statement:** My goal is to help men and women break free from compulsive sexual behavior (sex addiction) based on my own experiences and established modes of treatment. The desired end state in doing this is to prevent new victims, protect survivors, and break the cycle of abuse. In order to do this we must proactively focus on the pre-offense intervention and treatment of compulsive sexual behavior [supported/led by/in concert with] social outreach and education of at-risk groups. We must also assist offenders during and after incarceration.

- **Pre-Offense Treatment:** Self-help, one-on-one, and group counseling which enables the individual to curb compulsive sexual behavior by identifying the root cause(s) of the behavior, controlling and identifying triggers, and applying healthy coping skills. Uses a holistic approach to recovery.
- **Community-oriented Outreach and Intervention:**
  - Part 1: Provide individuals with discreet means to obtain information about sex addiction and to ask for help via phone or email. This will be done by targeting at-risk groups using physical and electronic means ranging from online media on both the clearnet and darkweb websites, to print media in publications, at porn conventions, and in adult bookstores and theaters.
  - Part 2: Focused speaking engagements targeting at-risk groups such as young adults, parents, and other sex offenders. This will use my story and experiences to convey, "This is what CSB did to me, this is what a registered sex offender looks like, this is how you can stop your behavior, and this is how you can start over."
  - Part 3: Advocacy, education, and lobbying focused on judicial, political, and public health decision-makers in order to increase the funding and availability of treatment for compulsive sexual behavior and restorative justice programs.
- **Post-Offense Treatment:** Treatment (voluntary or court mandated) for sex offenders using Cognitive Behavioral Therapy in a positive, goals-focused and future-oriented program tailored to the individual. Can be implemented alongside programs such as the Good Lives and Self-Regulation Models.

## **Chapter 1: Do I Need Help?**

*I had to do it or risk feeling miserable...it turned into something more than just a need for sexual release. (Peele, 1991)*

Thank you for coming here. Thank you for taking this important step. If you're reading this, I know it wasn't easy to get to this point. Perhaps you knew you needed to change your life, or maybe a loved one confronted you with their concerns about your behavior. You may have experienced a "wake-up call." Others of us are not that fortunate. Take me, for example. I had to lose everything to get here. Regardless of how you arrive, the important thing is that you recognize that you need to change your life.

This is a place where you won't be judged or allowed to wallow in self-loathing. We will not minimize, rationalize, or condone our past behaviors. Instead we will seek to understand *why* we engaged in them, and then learn new, healthy behaviors in their place. As an Iraq War veteran who has battled post-traumatic stress disorder (PTSD), and as a felon and registered sex offender who has battled compulsive sexual behavior (CSB), I know that the only way to get through this is to work through this. I speak from my own experience, from the experiences of others who have overcome CSB, and from the depth and breadth of published research on both CSB and addictions in general. It is from these sources that this book is drawn and it is for you that it was written. The methods we will discuss are the same ones that helped me recover after years of deviant, compulsive sexual behavior and start my life over after prison. I want this to be an inspirational and aspirational process. Your self-motivation can take you farther than you realize. Remember, while efforts at change frequently begin with outside pressures, long-term change is maintained through self-determination. (Ryan & Deli, 2000)

But do not harbor any false assumptions that this book contains a "miracle cure" or a "quick fix." Escaping any addiction is not easy. Breaking free from sex, alcohol, cigarettes, drugs, even compulsive exercise or shopping requires [remaking/reinventing] significant parts of your "Life Process"...how you live, how you think, and the behaviors in which you engage. You will need to learn to practice [right-ordered/right-minded/right-motivated] selfishness. You must put your physical and mental health first. If you don't properly care for yourself mind, body, and spirit; it will only be a matter of time before the imbalance in one area begins to adversely affect the others. Indeed, the best guarantee that you can eliminate your compulsive behavior is to live a "non-addicted lifestyle" for a number of years. (Peele, 1991) Because of this, your recovery will be a marathon, not a sprint; but trust me when I say that recovery *is* possible. But whether you engage in self-help therapies or treatment programs you must embrace the fact that there is no such things as a one-size-fits-all cure. In fact, it may be easier for improper treatment to retard recovery than for proper treatment to hasten it. (Vaillant, 1983)

Most of the repeat sex offenders I have met told me similar things, "I completed treatment but after *n* weeks/months/years I got lazy," "Problems started adding up, old emotions returned and I went back to what I knew," or "I figured I was okay and could handle it." As with any addiction, relapse is a possibility, however, if you have already alienated your family, lost your job, or committed an offense, the price of relapse will be steep. So, why do you want to run this marathon,

so to speak? Is there a carrot or a stick driving you to read this right now?

In prison there generally existed three types of people, regardless of their offense: 1) Those who wanted to change their lives for the better; 2) Those who had no interest in change and could care less; 3) Those who faked change and treatment in order to get time off their sentence or receive other favorable treatment. But do not be fooled, these people exist outside of prison, too. Which are you? What is motivating you to change? Are you going to fake it to placate a loved one? Or maybe you think you're fine and I'm just a scumbag registered sex offender who's full of it? In order to overcome your compulsive sexual behavior you have to want to walk away from whatever your compulsion is, only looking back to reinforce your perspective as a person in recovery; never looking back in longing, fond remembrance, or fear of missing out. A huge part of that wanting to get better has to be the willingness to show up and put in the work. Every. Day. If you want to change your life you must develop a value-driven desire to realize that change. Your "carrot" is those values. Deterrence, coercion, threats, and worst-case scenarios will only make a person change their behavior until they think they can get away with it again. Positive, values-driven, future-oriented goals give a person something to strive for, not something to run from; they show us how to become the person we know we can be, not live in constant reaction to our worst mistakes.

This [journal/book] will help you understand the process I used to discover right-ordered values and engage in healthy behaviors that will allow you to override the irrationality of dealing with problems via compulsive behaviors. These same values and behaviors will help us ensure we are engaging in healthy, fulfilling sexual activity. Do I feel the need to masturbate in order to achieve orgasm, or do I feel the need to masturbate because I am distracting myself from a problem? Do I want to have sex to share physical and emotional intimacy or do I need to have sex with them in order to feel loved? Do I insist on consent, or do I gratify myself with power and control? Are my actions safe for me and my partner or are they unhealthy, illegal, and deviant? The answers to these questions point to motivations which, in turn, are guided by our personal values and, therefore, create healthy boundaries for ourselves and our relationships with other people, be they sexual or platonic. Re-evaluating our current motivations, values, and boundaries will form the foundation for our recovery; and these will be implemented using a type of Cognitive Behavioral Therapy that will teach you to substitute healthy values in order begin forming new behavior patterns.

Moving forward the terms "sex addiction" and compulsive sexual behavior" will be used interchangeably. The difference between addiction and compulsion is really just a matter of language. Some people find the term compulsion to be less harsh than addiction but we will take them to mean the same thing. In his landmark book *Out of the Shadows: Understanding Sexual Addiction*, psychologist Patrick Carnes used the words "sexually compulsive behavior" to define sex addiction. Carnes' description of an addict's behavior is very apt to our discussion, "The addict substitutes a sick relationship to an event or a process for a healthy relationship with others. The addict's relationship with a mood-altering experience becomes central to his life." (Carnes, 2001) Does this definition fit your behavior?

Before we move on, review the following list of symptoms of compulsive sexual disorder or sex addition from the Mayo Clinic. If you can identify one or more of these behaviors in your

life, you may be engaging in CSB. Moreover, if someone in your life has mentioned one or more of these behaviors, you may be engaging in CSB.

**Symptoms of Compulsive Sexual Disorder** (Diephius, 2021)

- You have recurrent and intense sexual fantasies, urges, and behaviors that take up a lot of your time and feel as if they're beyond your control.
- You feel driven to do certain sexual behaviors, feel a release of the tension afterward, but also feel guilt or remorse.
- You've tried unsuccessfully to reduce or control your sexual fantasies, urges, or behavior
- You use compulsive sexual behavior as an escape from other problems such as loneliness, depression, anxiety, or stress.
- You continue to engage in sexual behaviors that have serious consequences, such as the potential for getting or giving someone else a sexually transmitted infection (STI), loss of important relationships, trouble at work, financial strain, or legal problems.
- You have trouble establishing and maintaining healthy and stable relationships.

One of the defining elements that determines if a behavior has become an addiction or a compulsion is the extent to which it interferes with your normal life or daily functioning. For example, if you would rather go to strip club or pay a prostitute rather than take the time to interact with someone on a personal level, you may have a problem. If you would rather stay at home and interact with online pornography than interact with your friends, you may have a problem. Also, pay attention to the emotions you associate with your behavior. Do you feel good while doing it only to feel worse afterward? Do you engage in your behavior to escape from an emotion, memory, or feeling?

Consider this example: A man knows that on Wednesday mornings his wife always leaves the house early for work. Shortly thereafter his daughter gets on the school bus and he knows he will be alone and will have time to go online, view pornography, and masturbate before going to work. Does this sound like healthy, responsible behavior? Many people would agree that it does sound responsible to masturbate in private. But how much would have to change for this assessment to change?

Let's consider the following details. Ask yourself, if this was added to the previously described behavior, would it be concerning? When would you consider this behavior problematic?

- What if, occasionally, the man becomes so engrossed in his masturbation that he does not have time to shower or shave? What if it makes him chronically late for work?

- What if the man feels irritated, edgy, or tense if he is unable to masturbate? What if he feels as if he *has* to masturbate or else he won't be able to feel right at work? What if he has to take a break at work to masturbate in order to "relax"?
- What if, after his behavior, he experiences feelings of guilt? What if, after this behavior, he is overcome with shame and depression? What if he later relives these feelings by masturbating, only to have them recur?
- What if he organizes his work schedule so his morning masturbation won't interfere with meetings? What if he does the same thing with other parts of his family life so he can masturbate on other days? What if he makes time to go to his car during lunch, or finds other reasons to be alone so he can surreptitiously view pornography?
- What if he exclusively masturbates to pornography depicting oral sex? What if he exclusively masturbates to BDSM porn? Or scat porn? Or child porn?

Compulsive sexual behavior affects both men and women. While there may be common areas in the behaviors exhibited by different people there are unique aspects to each as well. Part of that is because of how we choose to perceive or orient ourselves toward the behavior. The above questions illustrate this. They also illustrate the fact that the person engaging in compulsive behavior may not be the best person to evaluate his or her behavior. This is due to our own mental "blind spots" which are sometimes called "thinking errors" or "cognitive distortions." Cognitive distortions are defined as assumptions, beliefs, thinking styles, or self-statements about behaviors that facilitate our engagement in those same behaviors. (Yates, Prescott, & Ward, 2010)

Here are some examples of how those cognitive distortions (and their causes) may appear:

- "I just lost a promotion at work, I think I'm going to look at porn tonight so it can make me feel better." (Personal work stressor)
- "No one wants to date me, it's easier to just hire a sex worker as he/she can't reject me." (Fear of rejection)
- "My boyfriend just left the house after an argument. I'm worried he may end the relationship. I want to hire a male stripper who I can watch via webcam." (Fear of abandonment)
- "I need to find someone to hook up with because I can't handle the grief of losing my friend who killed herself recently." (Trauma induced)
- "I'm on a work trip and there's a red light district close by, I think I want to go there and get a massage since I've been doing so well." (Feeling of entitlement) (Diephius, 2021)

We may be experiencing some or all of the signs of compulsive behavior. We may be engaging in similar behavior to the previous examples, but we may be unable or unwilling to observe those signs. Have you ever told yourself: It's not that bad; I can handle it; they're overreacting; this was the last time? These may be an indication that you are engaging in

*minimization or rationalization.* These are thinking errors we use to convince ourselves that things aren't as bad as they seem or that our behaviors are justified and rational. If you engage in those thinking errors with respect to your sexual behavior you may be unwittingly covering for your compulsion. My advice to you is, if you think there's even a slight chance that you are, then don't run the risk of being wrong. Keep reading and allow yourself to entertain the idea that you may need help.

Next, I'd like you to do some soul searching. I want you to drill down into your mind and ask some questions. Be frank; be brutally honest with yourself and write down your answers.

- *Who...* Who may be hurt if my behavior becomes worse? Whom have I hurt with my behavior? Who has asked me if I am OK or if I need help?
- *What...* What have I lost because of my behavior? What else do I stand to lose if I continue? What is most important to me? What am I willing to do to reclaim my life? What do others in my life think of my behavior? Do they even know?
- *When...* When will I be ready to make a change in my life? When will I get caught? When will I hit bottom?
- *Why...* Why am I here? Why am I reading this? Why do others tell me I have a problem? Why do I want to change?

Take a look at your answers. Some of your answers may come directly from your own observation, others may come from interactions you have had with loved ones or co-workers. Many of us hide our problems effectively and we may be the only ones aware of our actions (e.g. excessive pornography use, visiting prostitutes). When this is the case it can be easy for us to rationalize the behavior by telling ourselves that we're the only ones being affected. However, even if they are not observing our behaviors friends, family, and co-workers can tell when there is a change in our physical or emotional health. If others can perceive a change in us because of our CSB, others are being affected by our CSB. Our compulsive behaviors do not occur in a vacuum; even our "unseen and unknown" behaviors have the ability to affect those around us.

Next, I want you to do some math. Based on your answers above, assign a value to everything you have lost or stand to lose. This may be in dollars in lost wages or court settlements, or it may be in intangibles such as pride, love, or respect. How does this compare to how your sexual behavior makes you feel? Which is more valuable? Which are you ready to sacrifice in order to increase the value of your life and the lives of those you love? Look at Table 1.1 and then do your own value calculation.

<u>What I stand to lose</u>	<u>Value</u>
Wages from lost job	\$80,000/year
Love of spouse and children	Irreplaceable
Child support payments	\$1,200/month
Loss of freedom	Invaluable
Ruined reputation	Priceless
Legal fees	\$50,000
Standing in my church community	Means the world to me
Pleasure gained from my behavior	<i>What is this worth to you? Does it outweigh everything else?</i>

Table 1.1: Example Value Calculation

What do you value the most? In his book *On War*, Carl von Clausewitz introduced the term Value of the Object (VOO). Clausewitz knew that once the cost of obtaining military objective outweighed the value of the object itself, the quest for that object must be abandoned. To this day, all military planners pay heed to this lesson and perform value of the object calculations when planning or executing their operations. In life, as in war, we must be aware of the cost of our actions as they relate to the value of our objectives. Now it is time for you to make a personal value of the object calculation. Review the list you made and do the math. *What is worth? What are you willing to give up to be able to indulge your addiction one more time?*

As you do the math, it is important to realize that no matter how you may minimize the severity of your compulsive sexual behavior (Hey, it's only porn!), condone it (He looked old enough), or tell yourself that you have it under control (This is the last time), you cannot guarantee that you will not bottom out from it. You cannot guarantee that you will not lose everything you value. Like any other addiction (gambling, alcohol, drugs, etc.), compulsive sexual behavior has an element of danger and of potential destruction that is beyond our ability to control. (Maltz, 2010) Any time you engage in compulsive sexual behavior, you are only moments away from one of the worst experiences of your life. Is today the day your child walks in on you masturbating? Is today the day you contract an STD from a prostitute? What about your husband asking you for a divorce? Or is today the day law enforcement raids your house looking for child pornography?

Here's the thing – no matter what I write here, no matter if I cite the Mayo Clinic, if I quote Wendy Maltz or any other researcher, or lay out enough bread crumbs to lead you to what you already suspect about yourself – I can't make you get help. I can't make you do the work. You have to want to get help. Reflect on the questions you have answered thus far. If you have been honest with yourself, is this what you expected to see? Look at your value calculation. Where do you stand in relation to what you have and what you're willing to lose to continue your behaviors? And, finally, take a moment. Take a deep breath. Realize that, regardless of how many times you identified with the above behaviors, no matter how much you stand to lose in terms of relationships or money, there is always hope. Being here, reading this book is the first step. Even if you have hit bottom, even if your list of valuables was nearly empty because you've already lost so much, there is always hope.

## **Chapter 2: Hitting Bottom**

*I began to realize there was nothing left. Two marriages, two wives, three children, four jobs, the houses I've owned...my reputation...all of it. Gone. Now there's nothing." – J.R.*

I had a similar experience to the gentleman quoted above. It took the loss of nearly everyone I loved and the loss of nearly every material possession I'd accumulated for me to stop my behavior. I had to be *arrested by federal agents* for God's sake! That's what it took. And for a considerable amount of time while I was engaging in my deviant behavior I *knew* that eventually I'd be caught. There wasn't a doubt in my mind about it. But I kept doing it. The nature of our addiction is such that we will continue to do that which makes us feel good, regardless of the perceived or actual consequences we incur. We feel compelled to do things that a rational person would consider unconscionable in order to "survive" or feel good about ourselves and, despite the moral red-flags and all we stand to lose, we continue these behaviors until something stops us.

This addiction response seems to be a hard-wired mammalian behavior. In laboratory studies of cocaine-addicted rats, scientists would add a substance to the rats' food which would make them sick. In response the rats stopped eating the food and simply starved themselves. However, when the researchers added that same substance to the cocaine, the rats continued to seek the drugs regardless of the fact it was making them sick. (AAMC, Addiction and its Causes, 2021) It is an ugly yet accurate comparison to make but, I was that rat. Once I discovered that this was a way to forget about my problems and pain, a way to feel good, a way to avoid my fears, then my behavior and brain chemistry took it from there. The next time I felt bad, my brain remembered what worked last time...sex. On and on from there the behavior was repeated and, in doing so, it reinforced those pathways in my brain so that the maladaptive, addictive, and eventually deviant behavior became not just *a way* to deal with problems but *the way* to deal with my problems. (In later chapters we will see how this same behavioral principle, known as *neuroplasticity*, can help us re-learn healthy behaviors.)

So what stops us? In his book, *Breaking the Cycle*, George N. Collins discusses the two types of low points that can lead a sex addict to stop their behavior: the 'high' bottom and the 'low' bottom. (Collins, 2010) The high bottom is a wake-up call. The intervention of a friend, family member, or co-worker may cause you to realize the depth and extent of your behavior. They may assist you in finding help or they may insist you find help. Or maybe one day you wake up and realize the life you have been living is not in line with your values and your true self and you decide to get help. This doesn't mean there is no loss involved with a high bottom. You still may lose your job or your marriage. Your reputation may be hurt. There may be other financial consequences. But you have stopped falling. You have arrived at *your* bottom (it looks similar but different for all of us). Thus awakened, you can begin your recovery.

The low bottom, however, is another creature. The low bottom is what I hit...or it hit me. Either way, it was devastating. Imagine taking liberal amounts of broken dreams, shattered lives, and betrayed trust and then mixing in the worst emotional pain imaginable, national media exposure, and the possibility of spending the rest of your life in prison. Enough to make you

suicidal? You bet it is. When I later reviewed the transcript of the questioning that took place in my basement the day I was arrested, I could actually pick out the point at which I began to think about suicide. Had it not been for the vigilance of the law enforcement personnel in my house, I would have attempted to kill myself. Luckily, I was never left alone while they questioned me. Suicide was all that my selfish addict brain could focus on at the time. It worried about me, and how I could make myself feel good, or at the very least how I could make myself not feel any pain. But if I was feeling pain, what about my daughter? My wife? What about my brother whom I called from the federal detention center to tell him I had been arrested? Nope, they never entered the equation. I was still only concerned with me through my first days of incarceration and it wasn't until my father made me promise to not hurt myself that I gave up all my suicidal ideations. Yes, I had reached a low bottom. I couldn't see it at the time but the day of my arrest was the best/worst day of my life.

We all are confronted with something that makes us question our choice to engage in compulsive sexual behavior. Sometimes we can choose the depth to which we sink before starting over. Sometimes we lose the ability to stop the free-fall and require the intervention of family or law enforcement. Regardless of how you have reached bottom, you need to recognize that this is a good place to be. This is the time for you to stand up, get your feet under you, and begin climbing. Where? Well, where do you want to be? How good can you see your life becoming? I will not lie to you, it will take time, but you can recover. You can make the climb if you're willing to work for it.

You must realize that hitting bottom isn't the bad part. The bad part is what you were doing before that. Hitting bottom means you have stopped falling. Now you can stand up and start climbing. We have the resilience to outlive our sufferings if we are given the chance. And, ultimately, it is we who must give ourselves that chance. This is what I mean when I say my arrest was the best/worst day of my life. It was the worst for very obvious reasons, but it was the best because I had finally hit bottom: My behavior had finally stopped and I could now choose to start over. Conversely, you could choose to start digging...

One man I met while I was incarcerated had, like me, lost nearly everything. As the quote at the beginning of this chapter describes, J.R. lost his family, wife, kids, a successful job, the respect and admiration of his peers...you name it, he lost it. From his point of view everything was black. Although he still was in weekly, amicable phone contact with his wife, she was seeking divorce; his children wouldn't communicate with him, and he was sure he had ruined their lives and was hated by all. His simple solution was suicide. In his mind the insurance payout would fix all the problems he'd created for his family while simultaneously removing the source of their pain. He made several suicide attempts ranging from overdose to hanging. One day he decided to leap from the second floor railing in our unit. With his hands by his sides he leaped head-first to the floor. The twelve foot fall wasn't sufficient to kill him, only enough to render him paralyzed. His family now has a new problem to add to the original set of problems: a husband and father who is now a paraplegic. Hardly the solution he envisioned. Even if had succeeded he would have left his family with more questions than answers and saddled them with guilt and anger which could never be resolved without him. Again, this is a selfish solution that creates more problems than it solves.

In a way, the urge I felt to commit suicide perfectly paralleled my selfish, pleasure-seeking, compulsive sexual behavior. It was an easy escape from a painful situation, an escape that served no one but me. In hindsight, I shouldn't have been surprised. I had habituated myself into dealing with stress this way. But this aspect of hitting bottom is important to address. Suicide and self-harm only serves the interests of a person who cannot see past their own problems. Despite several conversations, my friend couldn't see any solution besides suicide. He couldn't see that, to quote my father, "The only way you can make this situation worse for everyone is by killing yourself." Suicide does not fix problems for those you leave behind, it creates new problems and leaves them with unanswered questions. Leaving your life means you will never be able to properly apologize for your actions, you will never be able to make any sort of restitution of any sort to those you've hurt. You may feel like you win, but everyone else will lose. If you are feeling that way as you read this book, please, put the book down and call 1-800-LIFENET (1-800-273-8255) or go to <http://suicidepreventionlifeline.org/>. Reach out to your friends and family. There are people who care about you. This is not the end. This is your new beginning. In his book *The Power of Now* spiritual teacher Eckhart Tolle summed it up this way,

"Every crisis represents not only danger but also opportunity. The opportunity that is concealed within every crisis does not manifest until all the fact of any given situation are acknowledged and fully accepted. As long as you deny them, as long as you try to escape from them or wish that things were different, the window of opportunity does not open up, and you remain trapped inside that situation." (Tolle, *The Power of Now*, 1996)

Finally, I want you to realize that life is meaningful and full of opportunity, always. We must learn to see that this is always the case despite our life's circumstances. Loss and failure are events, they are experiences; they are not an identity and they are certainly not a destination. At times, when we look up from the bottom it can feel like we are living what Austrian psychiatrist Viktor Frankl called, "A provisional existence of unknown limit." (Frankl, 2006) Dr. Frankl's experiences during four years of imprisonment at the Auschwitz concentration camp certainly acquainted him with that type of existence. Every day, through inhuman treatment he asked himself: How long will this go on? How much more can I take? Why should I keep going? Regardless of our personal circumstances (low bottom or high bottom) there is always a choice to make. You may not have lost anything, but others have. Others may not be in prison, but I was. I was in prison, but I was not at Auschwitz. Every minute of every day we have the chance to choose if we will or will not submit to the difficulties we face. We must answer the same questions whether we are confronting our compulsions, struggling to put our lives back together, or trying to survive incarceration. How long will this go on? How much more can I take? Why should I keep trying? So... What will we choose?

The ability to choose is at the heart of Frankl's story of survival and it is what gives us the power to overcome our addictions. As you continue reading remember this: "...everything can be taken from a man but one thing: the last of the human freedoms – the power to choose one's attitude in any given set of circumstances, to choose one's own way." (Frankl, 2006) The person you choose to become is the result of an inner decision, and not the influences of your environment alone. And if that held true for Dr. Frankl it will hold true for you and me, "Fundamentally, therefore, any man

can, even under such circumstances, decide what shall become of him – mentally and spiritually.” (Frankl, 2006) We have the choice, we just need to learn how to make it.

## **Chapter 3: Defining Addiction and Compulsive Sexual Behavior**

*I began with soft core porn. Soft core progressed to hard core with visible penetration, oral sex and ejaculation. Before I quit I was watching rough blow jobs, facial ejaculations, anal sex, and child sex. (Maltz, 2010)*

### **Foundations of Addiction**

In order to understand sex addiction we must first explore the biological and behavioral components of addiction. The experience of addiction can take many forms but no one is born with an innate cravings for chocolate cake, gambling, cocaine, or sex that lead us into lives of addiction. When discussing addiction or compulsion, we often first picture substance abuse. The opioid junkie or drunk driver are tropes we can all identify. The compulsive gambler also comes to mind, hunched over a slot machine, wagering on sports teams, or leaving the gas station with a fist full of lottery tickets. What about the people on the A&E Network's *My Strange Addiction*? The program profiled people who ate the foam rubber from couch cushions, cut themselves, sucked their own hair, or hoarded newspapers printed on Tuesdays. And then there's you and me...people who struggle with compulsive sexual behavior or sex addiction. What do we have in common with a junkie? Or someone who eats foam rubber? Or gambles their life away? We all display habitual coping responses that provide us with a feeling of gratification or security. In fact, an addiction or compulsion can be *any* attachment to a behavior or sensation that grows to such an extent that it causes damage to a person's life. (Peele, 1991)

Addictions and their concomitant compulsive behaviors drive people to ignore the basic good in their lives in order to achieve immediate, albeit short-term, gratification or security. Regardless if we have a pornography obsession, or a prostitute addiction, or if we masturbate to deviant sexual material, we are all doing the same thing as the junkie, the compulsive gambler, or the alcoholic. We are engaging in a pleasurable activity that provides us with the perception that we're meeting a need. Thus, all addicts face similar challenges when it comes to changing our behavior. Research has shown the changes to brain chemistry caused by the excessive release of dopamine in substance abuse, those with CSB face a similar problems. (Peele, 1991) The brain's ability to protect it, and ourselves, from excessive release of dopamine is substantial. And while this is especially true in cases of substance abuse when people ingest a foreign substance which causes the release of dopamine, our sexual response can do the same thing.

Whether we receive a compliment from a friend, eat a piece of cake, orgasm from sex or masturbation, or ingest cocaine or brains respond in a similar way to these situations. This is often called the reward pathway. Despite the radical difference between a compliment and cocaine they all indicate, or make us feel, that we are being rewarded. This is because our brain releases the neurotransmitter dopamine. This hormone travels to different parts of the brain and causes different effects. Without getting in-depth with the anatomy of the brain we will consider a few parts that specifically relate to addictive behavior. Dopamine can affect our emotions via the amygdala, it can affect the hippocampus which is responsible for the formation of memories, it affects our motor

functions via the nucleus accumbens, and it can focus our attention and planning via the prefrontal cortex. (AAMC, Reward Pathway in the Brain, 2021) When we take that bite of cake our amygdala says, “This is delicious, I love this, I’m feeling happy now.” The hippocampus helps us remember things about the experience, “I need to remember the name of this restaurant, the type of cake, and who I’m with.” The nucleus accumbens helps us take more and more bites and the prefrontal cortex diverts your attention and helps us focus on the cake. All this leads to taking another bite and the reward circuit goes crazy again releasing more dopamine. It is important to note that this is a very biologically driven process. (AAMC, Reward Pathway in the Brain, 2021) And while different drugs or activities stimulate the pathway to different extenets, they *all* stimulate it.

Something else happens when we continually activate this reward pathway. As dopamine levels increase, our serotonin levels decrease. This means we are less likely to feel satisfied or content and we begin to crave more and more. Remember the rats I mentioned in Chapter 2? Negative consequences don’t affect an addicted brain in the same way that they do a normal brain. (AAMC, Reward Pathway in the Brain, 2021) In comparison to the high our behavior gives us, even “normal” will feel like a low resulting in psychological and sometimes physical withdrawal symptoms. This long-term stimulation can actually alter your brain chemistry. (AAMC, Tolerance and Withdrawal, 2021) After prolonged pornography use, just like any other drug, our brains require time to return to normal, pre-addiction, levels. Research has shown that people recovering from pornography addiction often required an average of eighteen months to recover from the damage to their dopamine receptors. (Maltz, 2010)

Phil Stein, M.D., Ph.D., neurosurgeon-in-chief at New York Presbyterian Weill Cornell Medical Center, explains that sex and orgasm cause the release of many hormones, including oxytocin, prolactin, and the previously mentioned dopamine (Stein, 2021). Oxytocin has a calming effect, prolactin creates a sense of satisfaction, and dopamine is known as the feel-good hormone. While masturbation mimics the effects of sex, our brain is smart enough to know that and the jolts of oxytocin and prolactin aren’t as significant. However, the same hormones are always released during orgasm including those that key us to emotionally bond with a sex partner. So whether your orgasm comes from sex with a monogamous partner, a prostitute, or pornography, our brains tend to bond us to that source. This effect, is also hard wired into our brains. This is exactly the same process that was described above in reference to chocolate cake.

All of this begs the question: How can I tell if I am an addict? In Chapter 1 we listed the Mayo Clinic’s list of symptoms of Compulsive Sexual Disorder. The following is a list of the symptoms of substance use disorder from the American Association of Medical Colleges. See if you can spot the similarities.

#### **Symptoms of Substance Use Disorder** (AAMC, Substance Use Disorders, 2021)

- Using increasingly large amounts of the substance
- Experiencing increasing craving or strong desires to use
- Spending more time trying recovering from use
- Trying to cut down use but failing
- Problems related to obligations at work, at school, or at home
- Experiencing withdrawal: Feeling unwell or sick after stopping.

- Developing a tolerance: The effect of the drug decreases with subsequent doses.

### **Sex Addiction/Compulsive Sexual Behavior**

The Mayo Clinic defines sex addiction as compulsive sexual behavior – an excessive preoccupation with sexual fantasies, urges, or behaviors that is difficult to control, causes distress, or negatively affects one's health, job, or relationships; and based on decades of published, peer-reviewed research, in 2018 the World Health Organization has classified “Compulsive Sexual Health Disorder” as a mental health disorder. (Diephius, 2021)

Whether you came to this book because you recognized you have a problem with your behavior, or you were given it by someone who is concerned about you, or you were required to read it as part of your treatment; you have an underlying reason *why* you chose to engage in the sexual behavior you can no longer control. We have just examined the biological underpinnings of addiction, however, there is also a behavioral aspect. Behaviorally, addiction (including sex addiction) can be seen as the choices we make in order to feel good when we can't make the choices we need to make in order to deal with what is troubling us. Maybe you lack self-esteem and interpret all criticism as a personal attack, maybe you are lonely, maybe you learned sexual behavior at a young age, or perhaps your childhood instilled a loathing for members of the opposite sex. Once we begin behaving this way, once we begin doing something that is pleasurable, we become used to it. When we visit a prostitute instead of dealing with our extreme social anxiety we don't have to confront our fear *and* we receive that big hit of dopamine. Over time the desire to overcome our fear, which often involves identifying and processing the root cause of the fear, recedes in the face of easy pleasure. This can become self-reinforcing. It becomes the old cliché, "Feeling good is good enough," and as time passes the less we question whether or not it is good for us. Our reward pathway is continually stimulated and our biological processes ensure that we seek the same reward over and over again.

Behaviorally, the process of noticing or questioning the difference between our addictive behavior and our values or attitudes is known as cognitive dissonance. (AAMC, Cognitive Dissonance)

People generally strive for consistency and harmony between their attitudes and behaviors. We feel a sense of discomfort when there are contradictions, when we hold two or more conflicting cognitions, this is cognitive dissonance...when we have contradictions we do four things to alter those attitudes and reduce our discomfort. (Ex: Behavior: I smoke, Attitude: smoking causes cancer.) 1) Modify one of our cognitions. I really don't smoke that much...this reduces discomfort, allows behavior to continue. 2) Trivialize it, make it seem less important. Change the importance of your cognition...The evidence is weak that smoking causes cancer. 3) Add more cognitions. I exercise so much that it doesn't even matter that I smoke. 4) Denial. Denying that smoking and cancer are even related. (Me) It is natural for us to strive for harmony, but if we do not slow down and notice our thoughts, practice meta-cognition, we can default to the easy way out. We can continue the behavior instead of identifying a thinking error, challenging it, and replacing it with a healthy behaviors (choice).

As previously mentioned, our brains produce many hormones in response to sexual

behavior and over time we can develop what is known as a tolerance. As more and more dopamine is released our brains recognize that this is not normal and it blocks the specific receptor sites which bond to dopamine and trigger our euphoric feelings. This is why most addictions progress from needing a little, to needing more and more in order to satisfy ourselves. A drug addict will take more drugs in order to counteract this biological process. But what do we, as sex addicts, do? What is our drug? Eventually it can get to a point where we require frequent sexual stimulation just to feel normal. The problem is that with sexual behavior, especially pornography, to remain effective it must continually push the outside limits of what it reveals. (Maltz, 2010) This is what the quote at the beginning of the chapter gets at. And in most forms of sex addiction this usually means increasingly unhealthy, risky, or deviant behavior. The more we engage in those behaviors the less we are able to perceive the inherent harm in them. We become focused entirely on our experience to the detriment of everyone else around us. In many cases we begin to associate, either virtually or in real life, with groups of people who share our same unhealthy or deviant interests. Our entire sexuality becomes entangled in a self-reinforcing world that rationalizes our behavior and enables us to readily accept or engage in unhealthy, risky, or deviant sexual behavior. Here, *we* are normal, *our* actions are justified, and *we* are the ones who are misunderstood and persecuted. In time we perceive the irrational as rational, the unhealthy as healthy. Below is a list of concepts related to sex, read them and ask yourself: Do I know the difference?

**Unhealthy Sex**

Sex is using someone  
Sex is “doing to” someone  
Sex is compulsive  
Sex is watching others  
Sex is separate from love  
Sex can happen anytime  
Sex can be irresponsible  
Sex involves deception  
Sex is based on visual imagery  
Sex requires a double life  
Sex feels shameful  
Sex is impulse gratification

**Healthy Sex**

Sex is caring for someone  
Sex is sharing with a partner  
Sex is a natural drive  
Sex is about genuine connection  
Sex is an expression of love  
Sex requires certain conditions  
Sex is approached responsibly  
Sex requires honesty  
Sex involves all the senses  
Sex enhances who you really are  
Sex enhances self-esteem  
Sex is lasting satisfaction

(Adapted from Maltz, 2010)

Recognizing that you have a sex addiction involves developing healthier ways to conceptualize sex and stopping the behaviors that perpetuate your addiction. (Maltz, 2010) But your sexual attitudes and behaviors won’t miraculously change on their own. You will need to make an active, daily, effort to discover new ways to define sex, change your associations with sex, and learn new ways to approach self-pleasure and sex with your partner. Reading this book is one way to do that. You can also take a sex education class, consult a sex addiction counselor or a certified sex therapist. (Maltz, 2010) Regardless of the approach, one of the fundamental ways to stop your behavior is to try to discover the root cause (the *why*) of it. While this may not be possible in some cases, it is the most effective way to stop sex or any other type of addiction. (Peele, 1991)

### **Moving Forward: Treatment**

Medical science recognizes that treatments for addictions must address both psychological and physical sides of the problem. (AAMC, Treatments and Triggers for Drug Dependence) Whereas with drug addictions it is possible to give methadone or a nicotine patch, when you're addicted to sexual behaviors, it's not like you can go to a clinic and be prescribed smaller and smaller doses of sex, especially if your behavior is illegal. The Masters and Johnson studies conducted in the 1960s determined that human beings have a genetic predisposition toward sex. (AAMC, Biological and Sociocultural Factors Food, Sex, and Drugs) That is, it is part our biological make up and part of a healthy life. And while we cannot be chemically weaned from sex, we can learn to control how we react to the things that trigger us to behave that way and we can learn to experience our sexuality in a healthy, responsible way. At a basic level, our sexual excitement is initiated by some sort of stimulus and what kind of stimulus we respond to depends on how responsive we are to certain tactile, visual or socio-cultural stimuli. (AAMC, Biological and Sociocultural Factors Food, Sex, and Drugs) Socio-cultural responses vary based on our age and vary by our cultural backgrounds. As a culturally specific and learned behavior, our compulsive sexual behavior can be un-learned. We can learn how to react to stimuli and we can learn appropriate ways to express our sexuality. As addicts we must understand that when we learn and practice these new sexual behaviors there must be agreed upon standards of conduct. For us, regardless of how our addiction manifests itself, we must understand that sexual behaviors which are non-consensual, abusive, illegal, or do not respect another person's boundaries are never acceptable.

In most cases, our addictive behavior is the choice we make to feel good when we feel too scared or too powerless to address the root cause of our suffering. We encounter a stimulus and, through repeated behavior, and we choose to react sexually in order to feel better. Once we begin to change our lives we will still have to deal with stimuli that reminds us of our CSB. This means danger of relapse can come from encountering people, places, or situations which you used to associate with your addiction. It hard for alcoholics or drug addicts to stay clean if they return to the same apartment, or same group of friends, and the same situations when they were using because the risk of relapse depends on both the addictive potential of your drug of choice and the environmental triggers you are currently experiencing. (AAMC, Treatments and Triggers for Drug Dependence) Thus, for us too, we will have to make changes to our lives if we want to remain free of our CSB. The risk of relapse can be reduced by engaging in Cognitive Behavioral Therapy (CBT). What makes CBT such a powerful tool in the battle against addiction is its ability to anticipate and avoid situations that would lead to relapse, as well as give us healthy coping skills to use when avoidance is impossible. Research shows that the skills people learn in CBT last after the therapy ends. (AAMC, Treatments and Triggers for Drug Dependence)

Before we begin working to modify our behaviors and begin working toward discovering the root of our addictions we must start with one word: Honesty. Unless we can be honest with ourselves and others about what we've done, how it made us feel, how it hurt others, and what we truly value in our lives; it will be very difficult to discern how and why we got here in the first place.

Notes from Duckworth article:

(Duckworth, 2021) People in recovery will tell you that addiction isn't just about neurochemical

dependency, or intoxicating substances, or thrill-seeking behaviors. Addiction is also connected to control, security, and self-worth – all of which took a massive beating during the pandemic...One reasons: They didn't have other people around to keep them feeling connected, grounded, and upbeat, says Ken Duckworth, M.D., chief medical officer for the National Alliance on Mental Illness...the fraying of connectivity can trigger addictive behaviors – alcohol, painkillers, drugs, porn, gambling – and relapse for those in recovery. There's also still a stigma attached to addiction, which means people often suffer in isolation. Psychiatrist Ximena Sanchez-Samper, M.D., says that to fight the stigma, it helps to reframe addiction as an illness: "If you think about patients that have cancer and have been able to beat their cancer, what do they call themselves? *Survivors.*" People who push through addiction into recovery discover that sobriety wasn't an end but rather a means to a stronger, happier, healthier life. People faced their struggles and discovered new, improved version of themselves through recovery. (Me) The life lessons that we teach ourselves during recovery can be lessons we teach to others who are also in recovery or who are struggling the way we did.

## **Chapter 4: Honesty**

*“To remain ignorant of what happened is to remain ignorant.” – Cicero*

Most of us are willing to accept that we have a problem with compulsive sexual behavior and that we require help to resolve our problem. We do not get better by avoiding - for many of us, avoiding is what got us here in the first place. We get better by confronting, understanding, and resolving our problems. In order to do this we must be willing to accept responsibility for our actions, and forgive and love ourselves despite what we've done. Only then can we move forward and build a life that reflects who we genuinely are inside.

Honesty involves learning the impact of our actions. From that honesty comes a deeper understanding of how our actions have affected others and helps us learn empathy. This, however, can have a very different outcome offering limited therapeutic value if a therapist approaches this goal with the intent of inducing stress of guilt. (Yates, Prescott, & Ward, 2000) We should approach this goal by first recognizing the [good/values] we want in our lives and then discovering how our behavior prevented others from [doing the same/achieving their own goals]. This comes when we acknowledge that all humans share and are entitled to the same basic rights regardless of age, race, sex, religion, hair color, or any other differentiation we can imagine. This comes by first being honest with ourselves about our thoughts and behaviors.

### **Honesty with Ourselves**

The day will come when, looking back on our past behaviors, we [can] no longer understand why we did those things. As this day comes it [may/will] be normal for these past experiences to seem like nightmares from which we want to flee. But as this realization comes, and it may be significantly unpleasant, we must willingly pair it with the knowledge that we now possess the ability to discern the difference between [rational and irrational, healthy and unhealthy] [behaviors/choices]. And this knowledge has the power to set us free from our pasts.

Right now I'd like us to begin laying the foundation for recovery by completing the following exercise. Consider this an inventory of where you honestly are right now, and what honestly matters to you, and how you honestly go about getting those things. (See what I did there?) Make no mistake about it, deception, especially self-deception, can become a large obstacle to your recovery. No one gets through this journey alone, but very few people are ready to fully disclose their pasts, or the full scope of their CSB, during the first sessions in group or individual therapy. Particularly before a bond of trust is established, full honesty can seem like a high-risk, low-reward proposition. The best way to start is by being honest with yourself. Take some time to answer the following questions. Be honest. If this is still too painful or shameful, you can tear up your sheet of paper when you're done! Remember, the only wrong answer is an answer that denies, minimizes, or rationalizes your behavior.

### **Goods Exercise (adapted from Yates, Prescott, & Ward, 2010)**

- 1) List the things that are important right now in your life.
- 2) Indicate the ways you go about getting those things.
- 3) Of those ways, what works well for you and what doesn't?

- 4) When things go wrong getting those things, what happens? Be specific.
- 5) List the things that used to be important in your life but that you do not focus on in your life now.
- 6) Why did these things become less important to you?
- 7) What things are related to your sexual behavior?
- 8) What are your core values as a person?

Give yourself some time to re-read your responses. Have you been honest? Was it easier to think about your current behaviors or to think about discovering your original wound? Discovering and confronting one's original wound is no easy task; as we have discussed, it is something that requires the help of a professional or, at the very least, an impartial outside supporter. The acceptance of things that happened in our past, things that we were not able to control, is a challenge for anyone. And while we may not have been able to stop a traumatic event that happened in our childhood or our adulthood, we have had the opportunity to make a different choice at almost every other point in our lives. What then, are we to do with things that happened in our past that we were able to control? If healing an original wound is hard enough, how do I heal the wound that I knowingly inflicted on myself or others? Before moving on, take another look at your answers. Ask yourself when, where, and why your sexual behavior is present. Ask yourself what act, choice, or goal is being substituted by sex. Ask yourself if sex is helping or hindering your ability to live a good life, be a good parent, or be successful.

Even when we “get away with it” using sex as an outlet, distraction, or coping technique creates conflicting feelings that can take a toll on us on an unconscious, internal level. We may feel a strong compulsion to act but also be ashamed of doing it. We can only endure this internal tug-of-war for so long before the consequences spill out into other areas of our lives. Without personal honesty, without feeling comfortable acknowledging and eventually discussing these feelings, many of us resign ourselves to suffering in silence – getting angrier, more anxious, and more deeply depressed. (Maltz, 2010)

Perhaps the most insidious cognitive distortion for us is that of minimization. Those are the lies we tell ourselves so we believe our thoughts and behaviors *really aren't that bad* either on their own or in comparison to *the others who are worse than me*. This is a slippery slope that we often do not recognize. But actions clash with our values and creates an internal sense of guilt and shame. Minimization allows us to shrug off those feelings again and again. In jail there was a common tendency for people to minimize their offenses to the point of absurdity. “I may have sold drugs but I’m not a rapist. I raped her but I didn’t kill her. I killed her but at least I’m not a ripper (prison slang for a child molester or sex offender). I may have looked at cheese pizza (slang for child pornography) but at least I don’t have a hands-on offense. I may be an S.O. but at least I’m not a snitch.” Fight the urge to minimize. Fight the urge to ignore the lies we tell ourselves. Our ability to minimize, rationalize, or deny our behavior only makes it easier to do the next time. Remember, remaining silent and ignoring the lie only emboldens the liar. Deal with your problems at face value. They are your problems and no one else’s. Cling tight to your values and accept nothing less.

What I want for you is to accept responsibility for your past and to be able to live in recognition of your past without allowing your past to determine your future. That is, our past

actions should not negatively bias our experience of the present and prevent us from objectively orientating ourselves to it. Determine now, based on everything that has happened, who you truly are. Recognize that you have intrinsic value and this exists without the need for you to minimize your actions or personal faults. When you try to see your own genuine attributes, your true self, in the mirror...can you? Or do you only see how you fall short of self-imposed, impossible, or outdated ideals? If so, is it any wonder why so many people become frustrated, depressed, or angry, suffer from low self-esteem, or fail to succeed in intimate relationships, or even turn violent? (Pollack, 1998) You cannot re-write the past but you can start over and write yourself a new ending. Part of that new ending requires that you are honest with yourself and do not hide from or minimize your past mistakes. Wrap yourself in them, wear your past mistakes like armor, and own them. Why? Because we did these things and they cannot be changed. Honesty with ourselves about our past actions requires us to learn to accept responsibility for what we have done; love ourselves as imperfect but changing; and release the past to be the past without allowing it to determine our future or bias our *now*. Without personal honesty we resign ourselves to live in a moment we cannot, or choose not to, acknowledge. Do you want to spend the rest of your live as the porn addict? As the compulsive masturbator? If we know that our actions do not define who we are, why do we let our pasts define our present? Why would we want to keep reacting to and experiencing the present using the same thoughts and behaviors that led us into compulsive sexual behavior?

Honesty with ourselves about our past is the foundation for our recovery. If you use the past as something to propel you toward who you wish to be, you won't be stuck re-creating your worst moments and using them as a yardstick by which to measure yourself. No one can make you feel the guilt and shame of your past actions unless you choose to let them; no one can negatively affect your self-image by reminding you of something you're trying to accept responsibility for unless you let them; no one can bring you back to the dark place you were when you followed your addiction unless you let them. "Yes, I am my problem. But I am also my solution."

But you must understand something else, just because you are using your past as armor you are in no way accepting or rationalizing your actions. Honesty with yourself is not the same as a fond remembrance. During my incarceration, I came across many men who had committed many crimes. Regardless if the person had committed a sex offense or not, it was always disturbing to hear someone recount their crime with an air of pleasure or satisfaction when a human being was hurt. I particularly remember one young man from the first Sex Offender Treatment Program (SOTP) I attended at the Wyatt Detention Center in Rhode Island. During certain classes all group members would "check-in" and make an offense disclosure. For example, "Hi, my name is Ron. I plead guilty to possession, receipt and distribution of child pornography. I also plead guilty to enticement of a minor." And although this particular person would make a simple offense disclosure listing his charges, he would also frequently steer group discussions in an effort to be able to recount the details of his crimes, or add them as a complete non-sequitur. "I've molested boys of all ages. All ages. I had sex, full-on sex, with twelve year-old boys. I mean full penetration sex with them." The look on his face, coupled with the eagerness in his voice, led several group members to voice their concerns that this person was using a group therapy session to engage in an enjoyable recollection (if not outright bragging) of his offenses. Acquaintances who were not in SOTP would also mention this person's propensity to engage in storytelling regarding actual victims or victims he wished he had met. At other times in our unit he would openly state that he,

“Don’t give a f\*\*k about my victims.” And while this example comes from someone who engaged in actions much more severe than most people who are reading this book, it shows us that we must be able to objectively, honestly, view our actions. What have we done? Whom have we affected? Whom have we victimized? Knowing these things, we must begin the work of accepting responsibility for our actions, loving ourselves despite our faults and remaining committed to recovery, living our values, and releasing our pasts to the past. Once we begin this step, we will need help. We will need to talk to others about what we’ve done. The truth is, if we cannot be honest with ourselves how cannot be honest with others. And without the trust and support of others, recovery becomes extremely difficult.

### **Honesty with Others**

I would like to begin this section with a bit of advice that will be repeated several times...Make sure you begin the process of talking to others about your CSB in a safe, judgment-free setting. Do your research and choose whom you speak with wisely. I, perhaps unsurprisingly, did not follow that advice. After my incarceration I began attending a Sex Offender Treatment Program as soon as I was able. Initially, the group was only held about 50% of the time it was scheduled. Some of those meetings were used to discuss treatment topics, others were used to play BINGO. After about five months of sporadic classes we had one meeting where a man who had also molested his daughter spoke in general terms about his offense and his experiences after his arrest. When this happened he had been incarcerated for approximately 18 months and was soon to be sentenced. While I had previously discussed my actions with my counselor I had never told anyone outside of a therapeutic setting; and after hearing this man’s candor during class I thought I had finally found someone to whom I could confess that I, too, had molested my daughter. The need to unburden myself to someone outside of one-on-one therapy was weighing on me so I pulled him aside after that class. I began by telling him I admired his courage for saying those things during group and then I began telling him how my CSB began. About half way through my explanation he interrupted me...and began asking me if I could understand how irresistible his daughter’s buttocks appeared to him and telling how she had seduced him and how it had all been fun and this was just a f\*\*king misunderstanding and that he didn’t do anything that anyone else wouldn’t have done in that situation. I spent the rest of that conversation in silence until he had finished then I thanked him for listening me to outside of class. After that I went back to my bunk and cried and begged God and my daughter and anyone else who was listening for forgiveness. He was not the right person to tell. I felt scared. So scared that I did not talk about that part of my offense to anyone besides my lawyers, my counselor, and my father until after I had officially plead guilty to my charges.

This is a scary step for many people as they begin recovery, even if you have not committed a criminal offense. What do you mean I have to be honest with others? I actually have to tell people about the things I’ve done? Isn’t it enough to know I’m messed up and that I need to change my behavior? We need to talk other people about our problem; we have to talk about what it is we’ve done; and, no, keeping it a secret is not an option as it will most likely lead you right back into your compulsive behavior. “I can go it alone. I can handle this.” Really? How has the worked for you so far? That answer isn’t any more acceptable because you think you, “*only* have a problem with porn,” or, “*just* spend too much time in strips clubs,” than that answer was acceptable for me. Did I, “*just* get hung up on writing incest fantasies,” or, “*only* look at child porn at home?” Of course not. All of those are examples of minimization. And if you think your compulsive sexual

behavior is less destructive than mine was because you cannot go to jail for it, think back to the values exercise we did in Chapter 1. Does it still seem not-so-harmless because the behavior is considered legal? Look at it this way, if I can tell my friends, family, and people I've never met before that I wrote incest stories, masturbated to child pornography, and molested my daughter; will it really be that hard for you to tell a family member or loved one that you have a problem with your behavior? In order to overcome our sex addictions we need help. No one gets through life alone. And no one recovers from a pattern of compulsive behavior alone. We need help, and getting help requires asking for help, which requires telling others what we've done. The benefits of receiving support are backed up by research. Christy Denckla, a clinical psychologist and research associate at the Harvard T.H. Chan School of Public Health, says that recovery strategies which include social support (and this includes providing help as much as receiving it) are particularly powerful. (Sohn, 2021)

The easiest way to begin doing this is to tell someone in a judgment-free setting. The most common setting which is guaranteed to be judgment-free is that of the therapist's office. Speaking to a professional counselor is a great way to be talking about our behavior. Take the time to research a therapist and have your questions answered before committing to treatment with them. What is their background? What methods do they use? How much will it cost? And, most importantly, do you feel comfortable talking with them? In lieu of a professional therapist, a therapy group is also a great choice. Professional counseling can sometimes be cost prohibitive, sometimes it is not covered by insurance, but there are other options.

It is also important to note that, if you have committed a sexual offense like I did, research demonstrates and supports the fact that group therapy is a best practice. Michael Hubbard, a mental health specialist with the sex offender treatment program at Oregon State Hospital maintains that the benefits of group therapy, such as peers who challenge denial, minimization and other thinking errors, lends itself to generally better outcomes than other types of therapy. (Hubbard, 2014) One of the reasons for this is because sex offenses, along with most types of compulsive sexual behavior, are based in secrecy. Group therapy brings the behavior out into the open which is conducive to discussion and to the cognitive elements that are important in reducing the chance of relapse or recidivism. (Hubbard, 2014) Additionally, attending group therapy is a wonderful way to realize that you are not alone. Most people will attend several meetings before they feel comfortable enough to speak about their own experiences. In that time they are able to observe other group members being vulnerable, talking about their pasts, their addictions, their successes and failures, and their hopes for the future. Group therapy is designed to help many people with many different problems using many different methods. Just as you should do when you are looking for a therapist, do your own research, make sure the fit feels right to you, and ensure the group leader or facilitator is serious about recovery. I have met too many people while I was incarcerated who told me of their post-release treatment groups being merely "check-ins" with no discussion of current or ongoing problems and no active treatment. Remember, "if it walks like a duck and quacks like a duck..." Don't play games with your recovery! Choosing the right group and insisting on treatment is a first choice that can have lasting effects.

Finally, peer counseling is also an option for you to be honest with others. Many group therapy settings will assign peers to mentor or assist you in your recovery. These peers have been where you are right now. They have seen the common mistakes that trip up people, they have seen

the things that work to help people maintain their recovery. They can share their experiences and they can be there when you feel like no one else is...because they have had that feeling, too. Speaking to a peer counselor can be an especially powerful way to begin opening up to someone else about your compulsive sexual behavior and sometimes it is easier to begin with a peer who is not a direct family member or long-time friend if you fear rejection.

It is important to not be ashamed of your vulnerability in these moments. Allow yourself to feel instead of disconnecting, avoiding, or distracting. This takes courage! For many of us, we turned to addictive behaviors after refusing to feel. This tends to be difficult for men more than women. When it comes to this kind of expression, William Pollack, a professor of psychiatry at Harvard Medical School and a founding member of the Society for the Psychological Study of Men and Masculinity of the American Psychological Association notes that for men and boys, "He has no way to talk about his perceived failures; he feels ashamed, but he can't talk about his shame, either. Over time, his sensitivity is submerged almost without thinking, until he loses touch with it himself. And so a boy has been "hardened", just as society thinks he should be." (Pollack, 1998) The culturally-directed hardening of our emotions can lead to an implicit, but unfounded, belief that vulnerability equates to weakness. But weakness is not dealing with our problems and escaping with sex. Honestly sharing our problems with others and asking for help is a cornerstone of recovery. We laugh at men who can't or won't ask for directions when they are lost, but we can't laugh at our inability to ask for direction in our lives when dealing with CSB. It doesn't matter whether that direction comes from a therapist, family member, peer counselor, or significant other; it only matters that we ask because help can only come if we talk with someone.

### **Getting Started: Thinking, Writing, Talking**

A good progression to follow when working up to talking with others is something I like to call, "Thinking, Writing, Talking." Yes, you can ponder and ruminate and consider and brood and mull over your actions but this (especially in my head) can lead to thoughts running on and on and on. Our cognitive hamster wheels can start spinning very quickly, especially when we are attempting to confront behaviors which carry a heavy load of shame and guilt. Once those negative emotions start flowing we can easily end up in a spinning wheel of irrational, unhealthy thinking which leads us nowhere except to irrational, unhealthy solutions. Thinking, Writing, Talking is a method that can help us work through achieving honesty and many other goals during recovery.

Thinking. Directed, contemplative, insightful thought is what we're after. The goal is to prevent the runaway hamster wheel from spinning. The best way to prevent that is to address a specific topic. This can be done in the form of an inner dialog. Some therapists refer to this as a sub-personality dialog and George N. Collins uses the metaphor of speaking to people seated in an amphitheater. As the principal participant on the stage, we have the ability to address anyone in the audience. In fact, we can even have the stage manager bring up the house lights so we can see to whom we are speaking.

Writing. After several conversations with ourselves it is time to move on to the next step. As shown above, one way to do this is to write out your sub-personality dialog. Another method, one which I employ frequently, is journaling. Keep a notebook at hand so you can write in it whenever you notice yourself having an unhealthy or deviant thought. A simple framework for your entry could be to record the following:

Unhealthy or deviant thought:

Risk factor(s):

Self-control technique:

Another common method is to use your journal as a diary or sounding board for yourself. I find that once something is written down, it changes. Things I may not have noticed become clear, irrationalities become obvious, connections between seemingly different areas are made.

Talking. This is what we have been building to. As you progress through these three steps you will find that each presents unique challenges. First, when initially working through the *Thinking* step it may be hard to keep your thoughts on topic, or you may feel silly having a dialog with a sub-personality (I know I felt that way at first). But over time it becomes easier. Next, when working through the *Writing* step it will likely be very uncomfortable to write out your past behaviors, or to acknowledge that part of yourself that has deviant or unhealthy sexual thoughts, and seeing those things them written out on paper seems to bring them to life. As uncomfortable as it may be, it can only help you to see that written out and to see just how irrational and unhealthy those thought patters are. (In Chapter 7 we will begin to work on changing those patterns.)

*“We have the resilience to outlive our sufferings if we are given the chance. But before anyone else offers it to us, we must first give ourselves that chance.”*

## **Chapter 5: Discovering Your Original Wound**

*“Every man has some reminiscences which he would not tell to everyone, but only to his friends. He has others which he would not reveal even to his friends, but only to himself, and that in secret. But finally there are still others which a man is even afraid to tell himself, and every decent man has a considerable number of such things stored away...Man is bound to lie about himself.”*

– Fyodor Dostoyevsky

The hardest things to learn about ourselves are those which, as Dostoyevsky said, we are afraid to even tell ourselves. This is because our minds have the power to create cognitive distortions and cognitive schemas which serve adaptive purposes. That is, they serve to protect us from traumatic experiences. It is during the period after our trauma, when we are drained physically and emotionally, that we must watch our decisions closely. It is this state that cognitive distortions may be formed. These are the specific statements that justify or rationalize our behavior. The assembly of these statements into larger structures representing attitudes and thoughts through which we process and understand social information results in the formation of cognitive schemas. (Yates, Prescott, & Ward, 2010) But this is something that is usually far from our minds as the need for survival and safety has taken over, especially for a child who lacks the development to understand either the pleasurable or the traumatic. But it is in this state, where we lack the emotional and mental reserve required to exercise sound judgment, that we may lay the foundations of addiction, “Never mind *what* or *how*, I need to feel good now!” Trauma, and even frustrated ability to live up to expectations (see J.R.’s story in this chapter) can be formative. Even Dr. Frankl, in his post-WWII practice, saw that existential frustration often manifests in sexual compensation. (Frankl, 2006) In the end, while we may share similarities, our original wounds can be as diverse as we are.

Failure to reach out for help after a traumatic experience (whether as the survivor or perpetrator of the trauma) is almost universally recognized as harmful. Especially for survivors, if we are stuck in self-imposed solitude, we become unable to complete the grieving process, and this unresolved mourning can leave us trapped in the traumatic process. (Lifton, 1980) In the absence of support from those close to us, the potential for pathological grief and severe, persistent depression is extremely high. (Herman, 1992) How many of those symptoms of unresolved trauma are similar if not completely the same to the behaviors that lead many of us to engage in CSB? Why do we avoid resolving these emotions? Because they are difficult to understand and they are difficult to discuss without a trusted supporter. Without rational feedback we can get stuck in a loop fed by cognitive distortions that only serve to increase the severity of our mental distress. Trauma does not discriminate. Both male and female survivors of trauma have been shown to be more likely to suffer disruptions in their close relationships. (Herman, 1992) We can’t fix this by ourselves! The unresolved trauma pushes us away from the very thing we need in order to overcome it: Support from others. This is why we need to share. We need to establish a basic sense of safety, imparted by those we trust so that we may begin building a positive sense of self. As we will see in later chapters, this is essential to rebuilding ourselves, living by our values, and conquering our addiction. Our sense of personal worth requires the same kind of respect for

autonomy that originally fostered the development of our self-esteem in the first years of our lives. (Herman, 1992)

I did not remember the molestation I experienced as a child. I also did not remember how or when I learned to forget it. But I sure as hell remember the day I remembered it. My wife and I were apart and I was returning from a deployment when I stopped to call her from the airport I was in. Our conversation turned to my mother and how my wife had recently had a wonderful conversation with her. During this chat my mother mentioned how she thought it was odd for two people who had been sexually abused to end up together. Ever since we had dated, my wife never hid the facts or circumstances of her abuse. It was something I was well aware of, however, I wasn't sure who else my mother could have been talking about. My response was, "What the hell is she talking about? I was never abused." My wife's response was, "What? Don't you remember? Your mother said you were abused by the boyfriend of your babysitter when you were..." And that was all I heard.

For the next few seconds, while standing at a pay phone in an airport, I re-experienced everything. Sights, sounds, colors, words. You name it. My babysitter's boyfriend used to come over and molest my brother and me. I was maybe ten years old, if that. He sat on the couch with us several times. He molested us while his girlfriend watched. It was "special" and "fun." I remember the pleasure. I remember feeling that this was something "cool" that older kids did. I also remember that my brother told my mother what had happened. The next time they came over, my mother sat them, and me, down in the living room. Although she threatened them, she did not call the police or tell their parents. I vaguely remember what my mother said but I strongly remember staring at the dark brown shag carpet in our living room and trying to escape by getting lost amongst the pile. Once they left our apartment we did not speak of it again but I *knew* I was just to blame as they were.

Children and adolescents are particularly susceptible to harm due to the power differential in comparison to adults. Studies have shown that abused children demonstrate an inverse relationship between degree of psychopathology and the age of onset of abuse. (Green, 1983) When someone says, "I was young, I've mostly forgotten it," it doesn't change the fact that events in our childhood can affect us on a deeper level than we realize. This is why trauma cannot be dismissed out of hand as not significant because it is not remembered. And if we can't remember it we certainly won't be able to determine the extent of its effects on us. When this fact is taken into consideration with research that shows a supportive response from other people may mitigate the impact of the event, while a hostile or negative response may compound the damage and aggravate the traumatic syndrome, it becomes obvious that this is why no one heals from trauma alone, regardless of when it occurred. (Flannery, 1990)

### **My Initial Search**

Take my example. At that time, I was too young to understand that I was not at fault for what happened to me. It was not explained to me that I did not possess the age, to cognitive development, or the legal right to consent to sexual activity. But what I did remember was the feeling that it was my fault for agreeing to it. I also remembered how good it felt and that this feeling made me remember how it felt when I was five years old, being taught sex by a seven year-old girl in her basement. I remembered how that, too, felt good, how I competed for her attention,

and how it made me feel special and loved. If her father hadn't been mad when he caught us, why was my mother so mad? In my case, the first cognitive distortion I formed toward sex was "This is fun, this is special, and I feel loved when this happens." Did my experience as a five year-old predispose me to accepting sexual activity as a ten year-old? And did those later events reinforce my initial distortion? Especially without any correction, or therapy, it is possible that when I was left to sort things out for myself as an adolescent and young adult, I made some poor, albeit uninformed, choices? Was this why all of my later relationships required physical intimacy to in order for me to feel loved? And was years of self-reinforcement enough to create a cognitive schema that directed me to seek out sex as a feel-good cure to pain? How are we supposed to discern truth from distortion, especially when we are on the inside looking out?

I like to describe my initial journey toward discovering my wound as playing "Marco Polo" in my mind. It may sound glib but, without consistent therapeutic assistance, that is exactly what I was doing. I would call out with an idea which had occurred to me or perhaps something I had read in a book, "Marco?" Then I would wait to see what kind of response was triggered. "Polo!" Sometimes the response would make sense, other times it would not so I would try and try again until I could get close enough to the source of the emotion or behavior I was investigating. And therein lies the difficulty of going it alone. My mind had allowed me to grow comfortable with and eventually accept my past irrational, addictive behavior, so how could I be certain that the guy yelling "Polo!" really had my best interests in mind? The fact is we need outside help in uncovering and processing our original wounds.

During the first months or years of recovery we should be wary of trusting our first impulses and judgments. George N. Collins teaches a technique called "First Thought Wrong." It is a CBT technique whereby we recognize that our initial thoughts, emotions, and behaviors as related to certain experiences, especially those related to our compulsive behavior, may be wrong. (Collins, 2010) The response may, in fact, be leading us toward repeating our past behaviors. As long as we are aware of our habitual tendency to engage in those behaviors we can slow down our thought processes and examine exactly what is happening in those instances. But without the benefit of therapeutic intervention, this process can be very difficult and time consuming with the initial attempts possibly marked by failure and the chance of becoming disheartened. This is not to say it is impossible, however, it emphasizes the need for professional assistance when investigating our original wounds.

By taking our addict brains out of the loop, the game of Marco Polo becomes more like reassembling a jigsaw puzzle. With help we can sort out the fragments...this one looks like part of a tree, this is part of the sunset, this one definitely belongs to the stream next to the tree...and so on. From there it becomes easier to reassemble our pasts into something we can recognize, understand and [overcome/move past/place into context] with respect to our compulsive behavior. For example, when I came home from Iraq I engaged in certain behaviors which could be described as "repetition compulsion." As first described by Freud in 1922, it is the same behavior that psychoanalyst Paul Russell conceptualized as an attempt to relive and therefore master the overwhelming feelings of a traumatic event. (Freud, 1922) (Russell, 1990) Once back at home I turned my bedroom into a bunker of sorts: Hurricane shutters were perpetually closed and there was a gun and a first aid kit on my nightstand, just as they had been in Iraq. In and of themselves, I perceived these things as harmless behaviors that made me feel safe. And what could be wrong

with feeling safe? But this was my “First Thought Wrong.” It was only after discussing these behaviors with a professional was I able to see them, in context, for what they were. In that sense, instead of playing Marco Polo I was able to identify a piece of the puzzle. In this example, my attempt to ward off the intrusive PTSD symptoms, though self-protective in their intent, was an irrational behavior that did *nothing* to help me and only aggravated and prolonged the symptoms I sought to avoid. And as it did nothing to help me, I eventually sought other means of avoidance and distraction. When I first learned about repetition compulsion it begged the question: Was my confusion of physical intimacy with love a repetition compulsion? This, along with the other questions I’ve asked, was a question that I could not be sure I could answer correctly without help. My first, my second, and sometimes my third thought was often wrong.

If you’re thinking that this sounds like a lot of work, you are right, it is a lot of work. When it comes to treating an addiction, the “Just Say No” mentality falls short. “Just Say No” does not address the reasons why we said “Yes” in the first place. Without work to determine *why*, we risk living our lives in reaction. Living in a constant state of reaction and avoidance is tiring and a risky in and of itself. Yes, we must learn to avoid high-risk situations, we must learn to avoid triggers, and we must remake our lives by practicing healthy coping skills; but without the understanding of *why* these things trigger us and *how* we can resolve them they will keep happening! This time our drug of choice was sex, what will it be next time? Or maybe sex is your second or third addiction? We have programmed ourselves to avoid pain and seek the easy fix, our addictions are what we do when we fear doing the right thing

### **G.G.’s Original Wound**

Sometimes our original wounds, at least the major parts of them, are easy to perceive. In the case of my friend G.G., his childhood was clearly formative in all the wrong ways. He was first molested between the ages of two and six by his older sister, who did so at the behest of the uncle who was abusing her. His father was both physically and emotionally abusive while his mother turned a blind eye to her husband’s actions. Later on he sought refuge from his turbulent, abusive home life with neighbors. These neighbors groomed him and introduced him to sex. From the ages of nine until he was nearly fifteen, he would regularly have sex with adults and other children with this couple. His teen and early adult life was full of sex as well.

After becoming an alcoholic and serving time for aggravated DUI, he made changes in his life. He married and became successful in his chosen career. But twenty-five years after his last experience with underage sex (as an underage participant) he was arrested for possession of child pornography. For a significant portion of his youth, G.G. *was* child pornography as he and other children were regularly photographed engaging in sex with both children and adults. And while it was easy for him to pinpoint his attraction to child pornography, it took significant work and therapy to relate this to his shattered home life and how he ultimately came to associate sex with acceptance and security. Later in life he had used alcohol to fill the gaps in his sense of safety and security before eventually returning to what he had learned as a child.

### **J.R.’s Original Wound**

When discussing the concept of the original wound it must be noted that what has led us to engage in CSB may not be readily apparent to us. The event that you brush off as meaningless, insignificant, may be the first event that embarked us on the pathway to compulsion. For J.R. it

was his image of himself as an adopted child that led to feelings of inadequacy. By his own admission his childhood was unremarkable. He did not experience physical or sexual trauma, his adoptive parents loved him, and he wasn't told of his adoption until his late teen years. For reasons he was not able to discern on his own, he began to feel inadequate. His high school and college accomplishments never seemed enough for him. Despite praise and approval from his family, he could not shake the sense that, somehow, he just wasn't quite good enough.

During college he began to drink when he wasn't able to cope with these feelings and he eventually joined Alcoholics Anonymous after an on-campus incident related to his drinking. He graduated and began a successful career as an electronics and software sales consultant. He began a family, he travelled extensively, but he was never free from his feelings of inadequacy. In time he began the feelings once again became overwhelming and cocaine filled the role that alcohol once did. This time Narcotics Anonymous helped him regain his sobriety...until the feelings returned. He began using prostitutes to cope. Then he switched to deviant pornography and sex with an underage girl to fill the empty space cocaine once filled...until he was arrested. It wasn't until after his arrest, after he victimized a young girl and the children in the pictures he viewed, that he was able to realize that his inability to feel self-worth, and his misperception of his family's expectations, had driven him to his addictive behaviors. If the initials J.R. seem familiar from Chapter 2, it's because this is the same man.

One final note about finding and healing our original wound. The urge to avoid discussing our compulsive behavior can be powerful as it is often rooted in extreme feelings, of guilt, shame and inadequacy. It should be no surprise then that probing our pasts to discover the wounds that led us to engage in those behaviors can seem even more [difficult/daunting/intimidating/frightening]. In her landmark book *Trauma and Recovery*, Dr. Judith Lewis Herman noted, "In avoiding any situations reminiscent of the past trauma, or any initiative that might involve future planning and risk, traumatized people deprive themselves of those new opportunities for successful coping that might mitigate the effect of the traumatic experience." (Herman, 1992) Moreover, our compulsive behavior also serves to keep our original wounds walled off from our regular consciousness. By engaging in sexually compulsive behavior we avoid dealing with our wounds and instead substitute a maladaptive means which only satisfies a short-term need. In doing so these altered states prevent the integration necessary for healing. (Herman, 1992) It has been my experience, and the experience of countless others helped by various sex, gambling, and drug addiction programs, that the identification and resolution of the original wound removes the prime motivation to engage in compulsive behavior and it is imperative that each one of us discover what has led us to choose sex instead of healthy behavior if we are to recover. Finding, addressing, and resolving our original wounds is perhaps the single most important thing we can do to eliminate the source of our compulsive sexual behavior.

## **Victims and Survivors**

[leave this section here or move?]

Trauma is trauma. While the capacity to preserve social connections and engage in active coping strategies seems to protect people to some degree against the later development of post-traumatic syndromes, no two people have the same reaction to the same event and therefore what traumatizes one person may not traumatize another. (Herman, 1992) For example a veteran may re-experience his or her wartime trauma in dreams. Certain sounds or images that remind them of

a friend's death may trigger intense emotional grief. The mere act of a stranger telling them they knew someone else who served in the same theater may trigger symptoms of PTSD. Similarly someone who was subjected to childhood sexual abuse may re-experience their abuse in dreams. If they were the subject of images of videos taken during their abuse, the notification that someone has been arrested while in possession of those images may trigger PTSD symptoms. And in both of these examples, it would be possible for someone who also experienced the trauma to have a completely different reaction. Our minds are strong enough that they can trigger intense physical reactions in these situations. In these instances we feel like *we are there*. In these instances when we relive our trauma we feel like we are being victimized again.

So what does this mean for us? What if we are the combat vet? What if we are the one who experienced childhood sexual abuse? In later chapters we will discuss the idea of the cognitive schema, which is a behavioral construct that influences how we orient ourselves to the world around us and [how/what] we decide to do/behave and a "victim identity" is a type of cognitive schema. In the case of trauma it is born in the instant we are offended against and it helps us to engage in the survival behaviors necessary to get through that experience. If that trauma is repeated, the victim identity helps to keep us safe. However, once the danger has passed, our brains are still primed to react and protect us. This is why the pictures of war may trigger the same feelings as being in war. The mention of the photos of our abuse may trigger re-experiencing of that abuse. In both situations we are identifying with a situation from our past that is not actually happening in the present but our minds are so powerful that they can cause our bodies to react as if we were back in that moment.

Eckhart Tolle said, "A victim identity is the belief that the past is more powerful than the present, which is the opposite of the truth. It is the belief that other people and what they did to you are responsible for who you are now, for your emotional pain or your inability to be your true self. You are responsible for your inner space, the past cannot prevail against the now." (Tolle, The Power of Now, 1996)

Without a foundation of honesty with yourself and proper motivation that arises from an internal sense of validation...without self-forgiveness and a belief that "I can" and "I will" this journey will seem impossible. But the good news is that both honesty and forgiveness are available to you – from you – for free. Remember, suffering ceases to be suffering at the moment it finds a meaning. (Frankl, 2006)

## **Chapter 6: Self-Forgiveness**

*“Wrongdoing can cause people to morally disengage, to lose sight of their values, and to foreclose on any effort to lead a virtuous and good life. But it does not change the core of who we are.”*  
(Worthington, 2013)

### **Introduction to Self-Forgiveness**

Even though we have admitted to ourselves and others the things we have done, we still may feel connected to feelings of self-condemnation, guilt, and shame. Sometimes we just cannot let it go. What we have done to others, and our judgment of ourselves, is uncomfortable to confront. Honesty we just practiced will be vital to this next step because in order to forgive ourselves we must first be honest about what we have done and acknowledge how our actions have affected others. As you may have surmised thus far, letting go is possible, and it requires work. But it is vital work. By working through practical exercises you can responsibly forgive yourself for actions in which you wronged another person. But this is not just letting yourself off the hook. Self-forgiveness is not the same as excusing our behavior! It involves honestly acknowledging who you have hurt, how you have hurt them, and also acknowledging the personal values you have violated. This is about righting wrongs and reducing the impact of the wrong you have done to others. This is a difficult but important step because once we have made amends, both to those we have hurt and to ourselves, we will be able to begin the work of modifying our behavior and stopping our compulsive behavior. And just like modifying our sexual behavior, learning self-forgiveness is done by following a method. Responsible self-forgiveness is not a feeling. It is a skill and it is something we must practice every day. This will be your first experience with cognitive behavioral therapy. The exercises have been designed to help you change the way you think in order to change the way you feel in order to change the way you behave.

In 2013 Everett L. Worthington, Jr., Ph.D. wrote a book entitled *Moving Forward! Six Steps to Self-Forgiveness and Breaking Free from the Past*. In this book, Dr. Worthington established a method based on his career of scientific research into forgiving others and oneself. What follows is based on Dr. Worthington’s work. The efficacy of his method as practiced in a self-directed learning workbook has even been scientifically evaluated, proven, and published in the *Journal of Counseling Psychology*. (Davis, et al., 2015) (Griffin, et al., 2015) The method requires that we honestly face up to what we’ve done, our failures, the times we’ve let others down, and our interpersonal offenses. It requires self-control and courage to complete, but if we can do this, we will be making progress on our journey toward overcoming our sex addiction.

When I began my self-guided path toward recovery, the mental health staff at the federal detention facility where I was housed provided me with Dr. Worthington’s self-forgiveness workbook. It was perhaps *the most impactful tool I have used* to develop empathy, awareness of the impact of my actions toward victims, awareness of the impact of my actions on my own values, and understanding of what self-forgiveness means. This is why I have chosen to stand on Dr. Worthington’s shoulders and include it as part of New Choices. Had it not been for his workbook, it would have been much more difficult for me to break free from the negative emotions that led me to CSB in the first place. While the work of forgiveness can be difficult, please do not think

that completing this section is a “one-and-done” exercise. It can, and should, be done as many times as needed depending on your personal circumstances. The following steps are adapted from Dr. Worthington’s self-forgiveness workbook which is available at <http://www.forgiveself.com>. (Worthington, 2013)

*Step 1: Recall an Offense.* It is my hope that you, having just completed the work in Chapter 4, will have the information needed to complete this step fresh within your memory. Do not get hung up on the word *offense*. We are not necessarily referring to a criminal act, however, you may refer to one if it makes sense to do so. Offense will refer to any interpersonal act which has caused emotional or physical distress or harm. To begin, it is important for you to select a specific, concrete example rather than something abstract. Instead of choosing an offense like, “I’d like to forgive myself for how I treated my partner,” describe a specific event when you said something mean, didn’t do what you had promised, or did something harmful. A better example would be, “I’d like to forgive myself for cheating on my partner with a prostitute when I was in Boston for work.” Choose an offense that is moderately severe. Do not select something that is so insignificant you have already forgotten about it, similarly do not choose something so severe that the pain of thinking about it will cripple you. There will be time to address those later, once you have learned this technique.

In harming others we also harm our own values. And this first step comes down to honestly recognizing that you have indeed violated your own values. Now, take time to reflect and, based on the previous guidance, identify a single event that went against your personal beliefs. On a sheet of paper *write a paragraph* (3-5 sentences) about what you did. When you have completed your paragraph reflect on the consequences of this event. Next, make a list of the ways that event impacts your life now. Your examples may include feeling guilty or ashamed of what you’ve done, disappointment, blame, anger, doubting your faith or spirituality. Again, be honest with yourself and don’t discount your feelings.

The key learning point from this step is to realize that we have begun a process of *responsible* self-forgiveness. We cannot change the past, but we can change how the past affects our present choices. This involves making a decision to accomplish two different things: 1) reaffirming and living by our own values and; 2) emotionally restoring a positive sense of self. First, when we violate our own values we can feel intense or overwhelming guilt, shame, anger, disappointment, remorse, and other negative emotions that may make us want to avoid the person or situation connected with the offense. Avoidance prolongs our disengagement from our values and only makes us feel worse. To overcome this it is important that *responsible* self-forgiveness includes making the choice to reconnect to our values by accepting responsibility for our actions, seeking to make amends, and resolving to live according to our values in the future. Second, when we wrong someone else we experience a reduction in our self-esteem and self-acceptance. This can be good if it motivates us to apologize, confess, and make amends, however, not all of us (myself included) are able to recover that positive sense of self. Instead we experience a persistent feeling that we are not a valuable person, are unforgivable, or that we no longer belong with other people (this includes our closest friends and family). Thus, we must include a restored sense of self which allows us to *live with respect for ourselves* as imperfect but valuable people.

Dr. Worthington describes this combination of value affirmation and positive self-regard as

the Two Factor Model of Self-forgiveness. The two components help us to differentiate responsible self-forgiveness from other reactions that are common after we wrong a person. Review the figure below and think about the offense you wrote about. Which reaction most closely matches your current feelings?

## **Two-Factor Model of Self-forgiveness**

		Affirmation of Values	
		Low	High
Positive Self-regard	Low	Self-neglect	Self-punish
	High	Self-excuse	Self-forgive

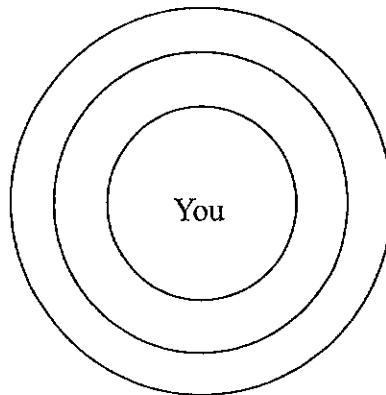
Once you are ready to make a choice to forgive yourself, take the pledge below. If you would like, you can print it out and add your signature to create a self-forgiveness contract. Have someone you trust sign it as a witness. You can do either the pledge or contract right now, even if you are still feeling guilt and shame. The important thing is that this will signify that you have chosen to accept responsibility for your actions and accept yourself as a valuable but imperfect person.

I, <state your name>, declare that on the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_, I forgive myself for what I have done or left undone. By this I mean that I accept responsibility for my action, without blaming others for my decision or blaming myself for things not in my control. However, I will not punish myself to atone for my actions; instead, I pledge to treat myself like someone who is imperfect, but also who is valuable and able to learn from mistakes in life. Although I cannot change the past, I will try to make choices today with respect for myself and for others. I thus declare myself forgiven.

Step 2, Part A: Repair Relationships. In order to responsibly self-forgive we must make amends with those we have harmed. Think back to the last chapter where we discussed honesty with

ourselves and with others. Now is the time when we apply that honesty to making our lives better. When we wrong someone we create a gap – a difference between the way the person we've wronged perceives our relationship after the offense and the way they'd like it to be restored – and this is known as the *injustice gap*. As you would surmise, the bigger the offense, the greater the wrong committed, the bigger the injustice gap will. In some cases a simple apology may suffice, however, significant offenses can create a gap so large that the most eloquent, well-written apology will never suffice. If we have wronged someone, it is our job to do what is necessary to bridge the gap and bring the relationship back into balance. Keep in mind that we may receive a response like "no way, not ever" or "I'm not ready yet." We cannot control how our apology is received – that is partially up to the people we've wronged – but it is still our responsibility to make the attempt. Self-forgiveness that does not try to do something to make up for how our actions have harmed others is not self-forgiveness at all.

A very similar thing happens when we do harm to our own character or violate our own values. We feel injustice. We have acted unjustly toward ourselves and as a result shame is a common emotion we feel. This may cause us to create a cognitive distortion or schema that tells us if someone learns how we've acted we will be abandoned. If we pull back from these emotions, try to numb them, or distract ourselves with sex rather than do the work to resolve them, then we continue to disconnect from the same values we violated in the first place. Simply stated, avoidance does not fix the problem. The first step in reclaiming our values is to accept responsibility for our actions and try to make amends. In the diagram below, or on your own sheet of paper, complete the following exercise. Imagine yourself at the center of the circle. Each circle represents people to whom you are close with family surrounding you closest the followed by your close friends, co-workers, and so on. Fill in the names of those who suffered as a consequence of your actions and place the name in the appropriate circle.



In your journey to reconnect with your values you must cross the injustice gap. The gap exists not only in your mind, but in the mind of the victim(s) of your offense). To bridge the gap you must honestly accept responsibility for your actions without blaming others or blaming yourself for things which are out of your control. Looking at the exercise you just completed, note the first names of the people closest to you who experienced an injustice because of your actions. When you consider how severe their pain may be, and how large they may perceive the injustice gap to be it is very important to know that research shows that when you rate the severity of pain

they experienced as the victim(s) and then rate the severity of the guilt and shame you feel as the perpetrator of the act, you will most likely underestimate how large the victim of your offense believes the gap to be.

*Step Two, Part B: Empathy.* In order to narrow our perception of the true size of the injustice gap we must have empathy. Without empathy is it hard to have respect for others. But if we have empathy for the victim we will be able to change our feelings of guilt and shame into motivation to build stronger, healthier relationships not *in spite of* our failure but *because of* them. Right now I would like you to think of a time when **someone else** hurt you. If could be a similar situation to the offense you described in Step 1 but it does not have to be. Think about how you felt and how you reacted to the hurt. Indicate how you felt by placing an “X” in the spaces provided.

*Disappointment:* I did not get from the person some things I wanted, some things I looked forward to, or some things that I expected.

*Rejection:* I experienced the loss of some important parts of our relationship and felt that some personal flaw of mine might have been the cause of the loss of the relationship.

*Abandonment:* I was left behind, physically or emotionally. This experience left me feeling fearful and insecure about the future.

*Ridicule:* I was the object of his/her/their anger and mockery. I sometimes wonder if the ridicule was deserved or accurate.

*Humiliation:* I lost every shred of pride and dignity I had.

*Betrayal:* My confidence was completely destroyed.

*Deception:* I was lied to, cheated on, or deceived.

*Abuse:* I was treated in a way that degraded who I am and robbed me of my dignity, emotionally, physically, or sexually.

*Separated, unconnected, or estranged:* I felt a loss of connection.

Now, reflect on the person you have harmed. Re-read what you wrote for the exercises in Step 1. *Write a paragraph* (3-5 sentences) that describes how the reactions felt by you in the previous exercise are similar to what was felt by the person you harmed and described in Step 1.

*Step Two, Part C: Confessing.* Next, we will continue building on the honesty we discussed and practiced in the last chapter. While it is beneficial to personally accept your responsibility, to attempt not to offend or hurt the victim again, it is also vital to make a confession. This is difficult to do! But, it shows yourself and others that you are serious about accepting responsibility for your actions. Our next exercise will be to write a confession. The following six steps will help you organize what you plan to say to the people who experienced harm or disappointment as a result of your actions. For each step write a sentence or two to prepare your confession. Write these down

on a separate sheet of paper.

Step One: Admit to your wrongdoing, mistakes, and failures.

Step Two: Apologize to all parties who were affected.

Step Three: Empathize with the victims' pain and acknowledge their personal value.

Step Four: Do more than you feel is necessary to restore relational equality. (Remember, usually the person you hurt thinks that the offense was more serious than you do, so doing more than you think is necessary is very helpful.)

Step Five: Make up your mind to sacrifice. To make up for what you did, it is necessary to make some costly sacrifices. Sacrifice in silence. Complaining about what you are doing or expecting recognition for it means you'll take away the power of the sacrifice.

Step Six: Make an explicit request for forgiveness.

Some time we cannot apologize and restore relational equality. For example, hurting or killing a stranger in military combat, a car accident, or you have committed a criminal offense and are prohibited from contacting the victim. Even if you have irreparably harmed someone you can still make an imaginary confession. This is our next step. Read your confession to an empty chair. "The Empty Chair Exercise" is a technique often used by therapists to help people wade through their thoughts and emotions. Set up two chairs facing each other in a place you can speak freely in private. Take the time to really get into the moment. Truly believe the other person is there. Our minds and bodies often cannot tell the difference between the experience and the imagination so the extent to which you are able to believe in this moment will determine the healing it can provide. Read your confession aloud. What else would you like to say to them? This should not feel comfortable to do. (Every time I have performed this exercise, especially when confessing to my daughter, it has been a gut-churning, tear-draining experience.)

After you have read your confession. Take some quiet time to think about the following questions. How did rehearsing a confession affect your attitude toward the severity of the transgression and victim? What kind of emotional response did your confession elicit? Which of the part in this step made the strongest impact on your transgression? How would you respond to someone who offered the same confession?

To conclude this step, I'd like to acknowledge that confessing is not a cure-all but a part of self-forgiveness. By working through these exercises we may gain a better knowledge of what we did, whom we hurt, and how badly we feel about it. Sometimes after doing these exercises we can actually feel more distressed than when we began. While this is normal, it is not healthy to fixate on or adhere ourselves to self-condemnation. Do not lock yourself into these emotions. Inflexibility makes us incapable of achieving a stable sense of happiness. In her 2006 study of self-forgiveness, Case Western Reserve University Professor Julie Exline concluded that excessive self-blame leads to psychological, social, and spiritual maladjustment. (Exline & Fisher, 2006) Fortunately, Professor Exline also studied strategies used by people who appeared free from self-condemnation.

To arrive at that state required, you guessed it, hard work! But it is possible to feel more repentance, a greater sense of humility, more feelings of remorse and reduced negative feelings. Complete the following exercise by writing at least one sentence about your offense.

1. We must accept responsibility for our actions.
  - a. If only I had ...
  - b. If only I had not ...
  - c. I should have ...
  - d. I wish that I ...
2. We must show regret and remorse for our actions.
  - a. I'm sorry that I ...
  - b. I feel guilty because ...
  - c. To show that I am sorry, I have apologized or confessed to a specific person who reacted by (or I confessed to the Empty Chair and I felt) ...
  - d. Based on the reactions of this person (these other people), my feelings make me feel more/less (pick one) able to work toward forgiving myself because ...
3. We must cultivate repentance and humility in ourselves.
  - a. My actions made others feel ...
  - b. Others' needs are important to me because ...
  - c. God, nature, or humanity forgives me because ...

*Step Three: Rethink Rumination.* Take a deep breath. That last step was difficult, but you've made it! Hopefully you saw how making a decision to affirm your values is accepting responsibility for your actions and acting on the value-reinforcing and amend-making motivations can help counter your accompanying negative emotions. Now we will focus on rumination. People who struggle to forgive themselves ruminate (reflect) on their past mistakes, rigidly adhere to unattainable perfection standards, and have anticipatory anxiety in which they fear being unable to live according to their values in the future. Does this remind you of anyone? Would you be surprised if I told you that rumination has been linked to problems like the intensification and prolonging of distress, the inhibition of problem solving, and the weakening of social support? When we ruminate, we focus on and exaggerate the worst parts of our lives. This becomes a repetitive problem that costs us dearly. Rumination is the link that binds our past experiences to our present choices. When we ruminate, the influences of our past experiences on our current mood and relationships becomes even stronger. This requires psychological self-repair.

Let's think about the effects of rumination in our lives. Complete the following short quiz by answering "True" or "False" if the statement is a good description of you.

1. Sad thoughts prevent me from enjoying activities and people that I once loved.

2. I obsess too much about meeting my own standards or others' expectations.

3. I struggle to not feel depressed when I disappoint others or myself.

4. I lose sleep over problem I cannot solve or mistakes I have made.

- 5. Even though others forgive me, I hold myself responsible for wrongdoing.
- 6. I wish I could worry less about minor mistakes.
- 7. After a conflict with others, I beat myself up about what was said.
- 8. It's difficult for me to concentrate when I keep remembering my offense.
- 9. I often feel badly for long periods of time as a result of shame and guilt.
- 10. I worry a lot about who might not accept me if they knew what I have done.

The self-condemning thoughts we experience long after committing a wrong have significant negative consequences on our physical, emotional, mental, relational, and spiritual health. In the quiz you just completed, items 1, 3, 5, 7, and 9 are all depressive behaviors and items 2, 4, 6, 8, and 10 indicate increased levels of anxiety. Did you answer "True" to three or more questions in each group? One way to reduce both types of behaviors is to expose our unrealistic expectations and standards. While the novelty of unrealistic goals may motivate us to achieve short-term goals, the long-term consequences of failure and self-condemnation can be crippling. Consider the following questions and write down your answers. Do you hold yourself to different standards than others? Why or why not? If you were to fail to meet these expectations, why should you still be a valuable person? Is this realistic? Show your answers to a friend and ask them what they think. Does their response differ from yours? How?

In the next chapter we will begin using a specific method to modify our compulsive behavior, but by now you should be able to see that how you think and act truly can modify your behavior. Psychologists refer to this as *experience-specific neuroplasticity*. In layman's terms this means that we have the ability to strengthen certain circuits in our brains by participating in certain activities. (This should sound familiar to what we discussed in Chapter 3.) If we spend time ruminating, then circuits activated by unpleasant experiences will be the strongest. However, if we train our brains to think about our ability to learn from our mistakes, to make use of opportunities for growth, and to respect yourself, then these circuits will strengthen. Similarly, if we continue to engage in our compulsive sexual behavior, these circuits will strengthen and it will become more difficult to change our behavior. One of the most effective ways to break free from rumination and break the link that binds us and allows our past experiences to influence our present choices is to restore your sense of positive self-regard. This will weaken the negative link to your past and free your values (not your past experiences) to guide your present choices.

**Step Four: REACH Self-Forgiveness.** The next step of Dr. Worthington's method involves using elements of the REACH Forgiveness method which has been used to successfully promote forgiveness of others in victims of harm across the globe. (Wade, et al., 2013) REACH Forgiveness incorporates the principles of neuroplasticity and uses specific exercises to help us replace self-condemning emotions with positive, growth-oriented emotions. You have reached Step Four through honest, thoughtful attention to your past actions and concentrated effort. It is now possible for you to replace negative, self-condemning emotions with a positive sense of self. This will help you feel better not just emotionally but physically, too. One of the most replicated findings in

scientific literature on forgiveness is the connection between emotional forgiveness and health. When we constantly condemn ourselves and harbor negative emotions we wind up feeling more depression and hostility and we are less satisfied with our lives. There is even evidence that suggests that forgiving yourself is related to mortality. (Krause & Hayward, 2013) Not only will proper self-forgiveness help you and those you've harmed feel better, it may help you live longer, too.

Carrying around self-condemnation is like carrying around a heavy weight. Other than causing us pain and fatigue, it serves no positive purpose and we'd be better off without it. Think of the last time you carried something heavy for a long time. Put yourself in that moment. Think of all the other things you could have been doing besides feeling the pain and weight. How did it feel to finally release that load? Remember the relief you felt when the load was gone and embrace that feeling when you are ready to forgive yourself.

The following exercise will help you determine if you are going about finding forgiveness in a healthy way. Methods that seek to reduce injustice that result from being hurt or hurting others are not beneficial. Read the attempts to reduce injustice that are listed below. Only two options are accurate definitions of forgiveness. Circle the correct definitions. Can you find them? Can you practice them?

1. Telling yourself that what happened wasn't that bad and moving on.
2. Forgetting that anything bad happened and pushing the event or relationship out of your memory.
3. Restoring trust to your relationship.
4. Accepting an excuse or explanation for what someone did or is doing to you.
5. Emotional restoration of a positive sense of self.
6. Tolerating negative things that you do or continue to do.
7. Blaming and confronting the person who hurt you.
8. Getting someone who hurt you to believe that everything is still OK.
9. Letting the person you hurt get even with you.
10. Deciding to connect with and affirm your violated values.

Was this harder or easier than you expected? For me it was and remains difficult to find forgiveness in a healthy way. For many of us, we have been feeling and behaving according to long-held cognitive distortions. Some of those tell us that we deserve self-condemnation and that we are not worthy of self-forgiveness. Reading through these exercises may trigger those old thought patterns. Next, I'd like you to re-read the previous ten descriptions. Then read the reactions listed below. Think about which ones you most quickly identify with. Ask yourself, does forgiveness offers a better alternative?

1. **Denial** is a poor response. If you hurt someone, the denial almost never works. The hurt keeps resurfacing and you never seem to be free of it.
2. **Forgetting** is impossible. A memory has been formed. The memory may shift with time. It may change. But you simply will not be able to completely forget it. The disturbing part of *trying* to forget is that the harder you try, the less you will succeed.
3. **Reconciliation** occurs when we restore trust in a relationship after an offense occurs. This

is not forgiveness. You can *forgive* and reconcile the relationship or *forgive* and not reconcile if reconciliation is dangerous or impossible.

4. **Excusing** (whether a valid excuse or explanation or an inadequate one) is not forgiving the person for hurting you and may set you up for further disappointment.
5. *Emotional forgiveness occurs when you experience emotional restoration of a positive sense of self. This is a correct definition of self-forgiveness.*
6. **Tolerating** negative things will prevent you from learning from your mistakes.
7. **Blaming** a person or yourself for harm acknowledges the person's guilt but keeps negative feelings at the forefront. Confronting the person or yourself, which is directly talking about a hurt, might help the relationship (if the confronting is done gently and received without reservation). Confronting the person might also damage the relationship if not done well.
8. **Deception** is getting someone you hurt to believe everything is OK.
9. **Revenge** is getting even. It's punishing yourself for not forgiving yourself.
10. *Decisional forgiveness occurs when you decide to affirm your violated values by taking responsibility and making amends. This is a correct definition of self-forgiveness.*

We've discussed that there scientific evidence which suggests that practicing self-forgiveness can lead to better mental and physical health. Now is the time to commit to achieving those things. Now is the time to give yourself the gift of self-forgiveness. *Write a paragraph* to explain the gift and state why it is important to you to give the gift. What do you need to say to let yourself know that they are worth the value of the gift you have chosen to give?

Emotional self-forgiveness requires commitment. For many of us, the guilt and shame of our behaviors is deep-seated. Consider this analogy. Imagine taking a pen and writing a one-word description of your offense on your arm, like a tattoo. This could be a word like, GUILT, SHAME, or HURT. Now think about trying to wash it off. Even after using soap and water there will still be a faint outline of what you wrote. This is symbolic of our progress through the self-forgiveness process. Although wounds heal in time, time does not heal wounds. Actions heal wounds! Only the regular practice of concrete, healthy actions will help you self-forgive.

*Step Five: Rebuild Self-Acceptance.* At this point you may have begun to ask yourself, "How do I accept myself as valuable, let alone forgive myself, when I am more flawed than I ever believed possible?" Since we began discussing honesty in Chapter 4, we have been thinking and talking about thoughts, emotions, and behaviors that trigger thoughts of self-condemnation. Not easy to process, is it? If you feel that way, guess what? You are normal! One of the most difficult things we will ever learn to do is to accept yourself as a *flawed but valuable* person.

We all must come to terms with the life path that got us to the point where we are now. Coming to term with our past is different than being completely satisfied with our past choices and actions. We must believe we are valuable despite the mistakes we've made and seek to be better. Embracing our ability to learn and grow from our mistakes, no matter how shameful we feel about them, is part of self-acceptance and helps us become closer to who we want to be. Take a moment to think about a significant success in your life. This could be a personal or professional event. How has this experience shaped your perspective? For example, maybe you completed a triathlon and it taught you the value of preparation and dedication and showed you that you could endure much more than you ever thought you could. Now think about a significant failure in your life.

How did this experience shape your perspective? Maybe it was failing to face a fear that led to you realize that weakness isn't the inability to deal with things alone, but the inability to ask for help when you need it. In both our successes and our failures *we learn*. And when we learn, we can grow.

If you're still having a hard time accepting what's been said this far, I think it would be valuable to conduct a thought experiment. No need to write anything down. Just consider this story. Yehiel Dinur was a holocaust survivor who was a witness during the trial of the notorious Nazi war criminal, Adolf Eichmann. When Mr. Dinur entered the courtroom and saw Eichmann for the first time he fell to the floor and began to cry. The experience of facing the man who had savagely butchered millions of innocents overpowered him. But it was not the feelings of anger or bitterness which had struck him so hard. In a later interview, Mr. Dinur explained that he had been struck by a terrifying realization. "I was afraid about myself. I saw that I am capable to do this...Exactly like he." With chilling clarity Dinur saw the common humanity we all share. "Eichmann," he concluded, "is in all of us." Think about what you just read. What is the point of this story? Do you agree? Why or why not? Do you think Mr. Dinur though he was like Adolf Eichmann before that day in court? Do you tend to underestimate your capacity, under different circumstances, to commit atrocities? Is it impossible to believe that you, reading this book, could never end up in prison, where I was?

Getting back to the ink-on-skin analogy, just because we completely erase the mark doesn't mean we will completely forget it was there. Freedom from self-condemnation, guilt, and blame does not mean that you will never experience them again. If you believe your struggle will be over when you finish this book, or finish two years of therapy, or achieve some other milestone, you're setting yourself up to be disappointed. Self-acceptance includes recognizing that there will always mistakes in our life and that we are valuable in spite of our mistakes. Re-read the offense you wrote about in Step 1. Before this action happened, what made you believe you were a valuable person? Has your offense and other mistakes threatened you sense of personal worth? How? Now for the fun part: What makes you valuable in spite of your mistakes? Now that you've identified those things, who or what can you count on to remind you of your worth? Write down these last items and put them somewhere you will not lose them. You will need them in the future to help overcome your sex addiction and also to deal with other problems and stresses in life that make you question your value.

It is important to acknowledge and understand that accepting yourself is not the same as condoning the things you may have done that wronged another person. Studies conducted by Dr. Worthington and other psychologists have shown that people who persistently feel ashamed – this is, they generally devalue who they are as a person – is associated with increased likelihood that the perpetrator will commit a similar offense in the future. They have also founds that if you accept yourself as a person who is morally aware (i.e., able to know when you've done wrong) but also who is able to experience moral growth (i.e., able to learn from one's mistakes), then you are more likely to live according to your values in the future. Remember, there is no standard time it takes a person to rebuild self-acceptance. It should be viewed as a way of living instead of a fixed target to hit. Self-acceptance is a skill. And, like any other skill, you can get better at it if you practice. You may not be good at it at first but, if you practice, you can, and will, improve.

Step Six: Resolve to Live Virtuously. Can you feel it? Inside each of us is a battle between our flaws (like our addictive thoughts and behaviors) and our capability to seek virtue and goodness. Wrongdoing can cause people to morally disengage, to lose sight of their values, and to give up on their efforts to lead a virtuous and good life. (Worthington, 2013) This sounds very similar to the definition of addiction, doesn't it? Think about this with respect to our compulsive sexual behavior: The easy, pleasurable, but morally wrong choice feels good but it makes it easier for us to lose sight of everything else. However, even though we have given up our efforts to live by our values, *it does not change the core of who we are*. If we think back to the Two-Factor Model of Self-Forgiveness from Step 1 you will remember that the second factor we must now focus on is connecting with (or affirming) our values.

The final decisional component of self-forgiveness is ensuring that your present behaviors and choices are guided by what you think is most important in life and in your relations (i.e., your values) rather than being determined by your past experiences. It is likely that after you committed the offense you described in Step 1 you felt like it had a strong influence on your current relationships and choices. When you start something new or find yourself in a similar situation as that offense you may recall your past failures and mistakes and the memory of that offense might direct your present behavior. To avoid being directed by our past actions we must reconnect with our values and find simple and practical ways to incorporate them into our lives.

The first step we will take is an exercise in learning from mistakes. Self-forgiveness provides us with a unique opportunity to promote self-acceptance even after committing wrongdoing. But, accepting ourselves – and our mistakes – does not mean giving up on our ability to change. Instead of limiting what we may become, wrongdoing and mistakes can be the origin or moral and character growth. Now, break out a pen and paper, it's time to do some more writing. To begin, think back over your life...what have you learned before that helped you deal with times when you were challenged to live according to your values? These are times when you were challenged but did not give in to addiction or other maladaptive behaviors. Next, what have you learned from the offense you described in Step 1? What positive consequences have resulted from your offense? What positive consequences would you like to result from your offense?

Review your answers. I hope you can see that, yes, you are capable of living according to your values. And guess what? You have also learned from your offense. That's good! When learning occurs, growth can follow. And, as horrible as things may seem right now, positive consequences have already resulted from your offense. Don't believe me? Here's what I wrote the first time I answered that question, "My offense led to my incarceration. My incarceration stopped my behavior. My incarceration allowed me to recognize my irrational and addictive behaviors, motivated me to be honest with my family, spurred me to begin working to break old habits and learn new, healthy behaviors." (Yes, I still have the first forgiveness workbook that I ever completed.) That was written in jail, after I had destroyed my family, lost 99% of my friends, lost my job. That was written before I had been arraigned, before I had plead guilty, and before I had been sentenced. Now, tell me again why you can't find a positive consequence that resulted from your offense? The last question is your roadmap. What consequences would you like to see? That answer is directly tied to you living according to your values. Can you accomplish those things *without* living according to your values?

Below is a list of values that people sometimes have. To complete the next exercise you can select values from this list or you can use this list to generate your own ideas.

Autonomy	Freedom	Money	Righteousness
Balance	Gratitude	Nature	Sacrifice
Benevolence	Growth	Openness	Self-control
Compassion	Honesty	Parenthood	Self-discipline
Confidence	Hope	Peace	Service
Courage	Humility	Patience	Spirituality
Creativity	Humor	Patriotism	Stewardship
Duty	Imagination	Perseverance	Teamwork
Empathy	Independence	Privacy	Thankfulness
Equality	Integrity	Prosperity	Tolerance
Faith	Justice	Relationships	Trust
Fairness	Kindness	Reliability	Truth
Family	Leadership	Resourcefulness	Understanding
Forgiveness	Love	Respect	Vitality
Equality	Loyalty	Responsibility	Wisdom

Personal values show us what we value most in life. While we may not talk or think openly about them, they help guide our choices and give us a sense of purpose or meaning in our lives. Below, choose your Top Five personal values and write a brief sentence about what each value means to you. Remember, you can use the list above if you get stuck.

Value	What It Means to You
<i>Ex. Integrity</i>	It is important to keep my word.
1.	
2.	
3.	
4.	
5.	

Once you have chosen your Top Five Values and written about them I'd like you to think about practical ways that you can incorporate them into your life. Once you have developed concrete ideas I'd like you to share them with a trusted supporter in your life like a therapist, a family member, or a significant other. Tell them how you will integrate the practice of these values into your "New Normal".

Conclusion: Here's what I'd like for you to take from this chapter: *Responsible* self-forgiveness is not a feeling, it is a skill. It involves the practice of, 1) making a decision to connect with and affirm your values and, 2) experiencing the emotional restoration of a positive sense of self. Like any other skill we must practice it in order to improve. As a means of practice I highly encourage you to repeat this workbook as a means to practice the process. Pick another offense, make another confession, accept responsibility, practice atonement for your actions, learn from your mistakes, reaffirm your values, and restore your positive sense of self. Most importantly, I want you to grant yourself forgiveness. Take that scary step! Learn and grow! Learn that you can be virtuous and acknowledge that you are flawed. Grow the life you want by living the values you cherish. Once you forgive the past you can begin to live in the present. Forgiveness of the present is even more important than forgiveness of the past. If you forgive every moment – allow it to be as it is – then there will be no accumulation of guilt, shame, or resentment that needs to be forgiven later. (Tolle, The Power of Now, 1996)

## Chapter 6: Observing and Changing Behavior

*It is not enough to merely accept the things you cannot change.  
You must be willing to change the things you cannot accept about  
yourself.*

### **Thinking about Thinking**

Meta-cognition involves being able to “think about thinking” and it relates to our ability to conduct self-monitoring. (Wells, 2000) This involves not only asking ourselves, “How do I feel about that?” but also asking, “How do I feel about feeling that way?” or, “How do I feel about thinking that way?” Meta-cognition directly relates to our ability to self-regulate thoughts, emotions, and behaviors. It allows us to set goals and to be able to engage in activities to achieve those goals, both over time and in various unique circumstances. (Yates, Prescott, & Ward, 2000)

### **Cognitive Behavioral Therapy**

*Add CBT introduction*

CBT has also been shown to be incredibly effective in treating people with Obsessive Compulsive Disorder (OCD). About 75% of people with severe OCD eventually return to their usual daily activities. (Foa & Wilson, 1991)

### **Cognitive Distortions and Cognitive Schemas**

There is a great depth and breadth of research that indicates *all* behavior is influenced by our attitudes, beliefs, cognitive processes, and information processing. (Yates, Prescott, & Ward, 2010) Accordingly, cognitive behavioral therapy (CBT) is currently the most accepted and effective type of treatment for people with compulsive sexual behavior. (Losel & Schmucker, 2005) CBT regards thought, emotion, and behavior as all being connected and able to influence each other. Adding to what we have already learned about the biological and psychological foundations of addiction, it should come as no surprise that CBT views compulsive sexual behavior as something that has been developed over time and reinforced via modeling and learning. In order to correct behavior, some therapists primarily target their clients’ cognitive distortions as they affect how the individual orients themselves to the outside world. More recently, greater attention has been given in therapy to an individual’s cognitive schemas. These are the broad thinking structures whose function is to organize, interpret, and evaluate incoming information in order to direct thinking activity and behavior. (Beck, Cognitive Therapy and the Emotional Disorders, 1976)

*What is a Cognitive Schema?* A cognitive schema are sets of beliefs and attitudes that help people to understand and organize what is going on around them. (Yates, Prescott, & Ward, 2010) They can be thought of as “thinking short cuts.” Because of how much information we must process, the mind uses the schemas to filter incoming experiences so we can quickly make decisions. They come from our collection of beliefs which were built up over the course of our lives based on our sociocultural background and our prior experiences. Over time, schemas are developed and

become habit by their constant use. For example, consider the phrase “police officer.” Imagine you are driving along a dark street when a police car appears behind you with its lights flashing. Based on your own personal experiences, a police officer will have a meaning that is linked to your thoughts, memories, and emotions. You have a “police officer schema” and it will determine, to some extent, how you behave in this situation and also how you behave afterward. Think about this situation from your perspective. Now try to place yourself in the shoes of someone of the opposite sex, or of a different race, or from a different country. What if the police officer were to behave in a way that conflicts with your schema? Research has shown that, in addition to taking shortcuts, schemas cause people to ignore evidence that goes against their pre-formed ideas and attitudes, because this information does not fit what they already believe. (Yates, Prescott, & Ward, 2010) This is simply part of how the human mind works *unless we do something to change it*. We cannot change our past experiences but we can change our reactions to those and similar current experiences by changing our cognitive schemas. This can be done by looking at them, by examining what evidence there is for them, and by looking for different evidence and reasons might not be accurate. (Yates, Prescott, & Ward, 2010) Once we change the schema, we can respond differently to our daily lives.

So how do we apply the idea of schemas, ways of thinking, to our sexual behavior? Based on our previous experiences, these schemas contain specific themes, attitudes, beliefs, stereotypes, attributions, and assumptions about things such as ourselves, the world, and other people. (Yates, Prescott, & Ward, 2010) These schemas create emotional and behavioral responses to what we perceive from the world around us, influence how we process events, and how we tend to react to similar or repeated stimuli. As we have already seen when examining addictive behavior, over time we can become habituated to respond somewhat unconsciously to certain events or information as long as they match previous experiences. For example, my depression overwhelms me. Instead of reaching out for help, I masturbate in order to feel better. Similarly, when we are confronted with uncertain or threatening circumstances, we will interpret and respond to the incoming information by filtering it through our cognitive schemas. We pay attention to information that confirms our beliefs and we discount information that does not fit our schemas. (Barber, 1988) For example, the view that children can be viewed as sexual objects, capable of making decisions with respect to sexual behavior and consenting to sexual activity fits into a specific schema or “implicit theory” as identified in published research. (Ward & Keenan, 1999)

When confronted with information that opposes this world view, the cognitive schema opposes the contradictory information and labels it in a way that allows us to dismiss it and continue with our chosen behavior. Think about the following examples of cognitive schemas that people with compulsive sexual behavior sometimes exhibit and ask yourself, “Do I think this way?” And if you’ve answered “No,” ask yourself again, take the time to evaluate the evidence you have. If you’re still unsure, ask a trusted supporter.

- **Entitlement** (I can do whatever I want). According to this schema, one believes it is okay to have sex with whomever a person wants, and that everyone deserves to have sex. This schema can also include the belief that because someone feels sexually aroused or interested, it is okay to go out and find someone else to have sex with, even if that other person is not interested.

- **Dangerous World** (The world is a dangerous place). Someone with this schema believes the world is a violent, uncontrollable place. The belief often includes the schema that others are ‘out to get you’ and that it is okay to gain benefits and satisfaction in any way one can. This is often – but not always – based on a person’s past experiences.
- **Sexual Activity Without Other Violence Is Not Harmful.** This schema is the belief that sexual behavior is only abusive when it involves clear acts of intentional physical violence. People with this schema often do not recognize the other types of harm that is caused such as psychological harm.
- **Personality and Sexuality Are Uncontrollable.** According to this schema people are born a certain way or became a certain way and that they are not going to change, so even attempting to change is pointless. The person who holds this schema believes it is okay to act on their sexual desires, even if the other person doesn’t or can’t consent.
- **Children Are Sexual Objects.** This is the belief that children are able to consent to sex in the same way that adults can, and that children enjoy sex. This schema can also allow those who think this way to believe that it is okay for adults to “teach” children about sex by initiating the children’s first sexual experiences. (Yates, Prescott, & Ward, 2010)

*What is a Cognitive Distortion?* By way of contrast, the cognitive schemas we just discussed reflect the broader ways people look at the world, while cognitive distortions are but a small part of those schemas. They are the assessments and judgments we make in a situation *as it is happening*. (Yates, Prescott, & Ward, 2010) It has been suggested that cognitive distortions are natural consequences of using fast track decision making processes that are sensitive to threat. In various contexts, especially those of threat, humans have evolved to think adaptively rather than logically. (Gilbert, 1998) This implies that we have evolved so that thinking has been optimized for survival rather than accuracy. They are the things we tell ourselves in the moment to make ourselves feel OK about our behavior. Cognitive distortions can also include incorrect assessments of others and of their intentions. (Yates, Prescott, & Ward, 2010) for example, “She’s a prostitute, so she must really want sex.” Think about how this relates to our compulsive sexual behavior. It is very likely that we are thinking using cognitive distortions without even realizing it. Once we act out we are often left with feelings of guilt, shame and depression. How many times have you felt those feelings so strongly that they have led to you act out again? There is strong evidence that people with depression and anxiety think in characteristically biased and unhelpful ways. (Mathews, Mackintosh, & Fulcher, 1997)

Reknowned researcher and clinician Pamela Yates provides us with this example of how cognitive distortions and schemas may form:

Problems with sexual self-regulation may result from early experiences such as witnessing or being subjected to sexual abuse that leads to the belief that children are capable of consenting to sexual activity and/or that sex may be a pleasurable or educational experience from them. As a result of such experiences, the individual

may value their own happiness (under which is subsumed pleasure) but may lack the knowledge, in this case, knowledge that children are unable to consent to sexual activity. Additionally, the individual may also place too much emphasis on the good of happiness via sexual pleasure and may thus minimize other goods in his life plan, thus indicating a lack of scope. (Yates, Prescott, & Ward, 2000)

Thus our series of life experiences contribute to the formation of distortions and schemas in which there can be seen a “waterfall” or “cascade” effect. In this way, abuse can lead to the creation of a new abuser. The person’s cognition is initially distorted by the abuse event(s) and is then reinforced via repetition until a schema is created. At that point, the behavior becomes normal and can be repeated with little perceptible conscious thought taking place before the behavior is performed. This may result in the formation of compulsive sexual behavior. The knowledge that these distorted beliefs are wrong coupled with the feeling that they are also uncontrollable sexual urges, may lead some to numb or distract themselves with alcohol, drugs, gambling, or other addictions rather than challenge a “truth.”

If this sounds like a lot to tackle, it is. If this sounds like we have been setting ourselves up for failure, you may not be far from the truth. In the 1960’s psychiatrist Aaron Beck conducted research into the treatment of depression. The results of his work led to the first characterization of cognitive distortions in the context of cognitive behavioral therapy. It gives us an insight to just how deep seated the problem can be when it is caused by cognitive distortions. In his groundbreaking 1963 article, ‘*Thinking and depression: 1. Idiosyncratic content and cognitive distortions*’ he wrote:

“A crucial characteristic of the cognitions with this content was that they represented *varying degrees of distortion of reality*. While some degree of inaccuracy and inconsistency would be expected in the cognitions of any individual, the distinguishing characteristic of the depressed patients was that they showed a systematic error; viz., *a bias against themselves*.” (Beck, 1963) [Emphasis added]

When we look at our lives in relation to our CSB it begins to make sense for us to re-evaluate the truth of our core beliefs in order to discover which ones are the product of maladaptive cognitive schemas and distortions. This is imperative for us to progress into recovery and view ourselves as we really are and view the world around us as it really is. Many of our current beliefs are responsible for getting us here, and what got us here certainly is not going to get us to where we [want/need] to be. Over time our schemas changed from being sound and rational to being distorted and this became a vicious circle that served to prolong its own existence by trapping us in a cycle of treating our problems with highly pleasurable, short-term solutions that never address the underlying problem. (Sneaky, huh?) If the original problem is never solved, we’ll always have a reason to “treat” ourselves with sex which doesn’t solve the problem but instead gives us a reason to “treat” ourselves with sex which doesn’t solve the problem but instead...

For many people, when we repeat an action enough times we begin to identify with it. Good or bad, necessary or compulsive, happy or sad, we begin to believe that this is part of us.

Sometimes our minds have the tendency to construct a story around a loss in which we are assigned the role of victim; this identification unconsciously enhances our deficient sense of self. Because of this we try to bolster our sense of self by making ourselves or our thoughts, emotions, or actions "right" and making something or someone "wrong". (Tolle, Stillness Speaks, 2003) Once we play that role long enough our cognitive schema allows us to react negatively to attempts to change or remove that piece of ourselves, and this can occur whether we make those attempts or if someone else in the form of a therapist, a judge, a boss, or a family member tries to force us to change. Have you heard any of these?

- Avoiding your memories won't make them go away
- You can't view that content on the company network
- I can't go on living this way
- Smoking will kill you
- I now sentence you to 60 months incarceration

What happens after we hear those words? Do you have a negative reaction? Maybe you have an idea that something is wrong but don't know how to go about changing it. Maybe you're in prison and you definitely know something is wrong. If you're reading this it may be because your pattern of thinking or behavior is troubling you or someone else. Regardless of where you are in life, the fact is that no one will change their behavior without the proper [motivation, incentive, goal?]. And even after identifying the cause(s) of our negative behavior we may not know *how* to change. That's what this guide will seek to do: Teach you how to change your behavior using a technique based on universal human behavior.

With the exception of our autonomic nervous system, all human behavior is preceded by thought [and emotion]. This is true whether we realize it or not. For example, a loud noise induces feelings of panic and fear, or a simple critique at work brings about feelings of worthlessness. For some of us these feelings and emotions then lead to behaviors such as seeking shelter or using drugs in an attempt to deal with the emotions. In each of these examples, the emotions we feel and the actions we perform have been conditioned. At some point in our lives we have learned (developed cognitive schemas) that certain sounds are dangerous, similarly we may have learned to feel worthless because we were taught by our parents that nothing we do is ever good enough. The emotions triggered by any event are a learned reaction, not a spur-of-the-moment fluke. Cognitive distortions are the specific statements that justify or rationalize our behavior and the assembly of these statements into larger structures representing attitudes and thoughts through which we process and understand social information results in the formation of cognitive schemas. As ominous as this sounds within the context of CSB, it is important to recognize that cognitive schemas are held by all individuals. They serve an evolutionary function and have survival value by providing a framework for making rapid decisions in challenging or life-threatening situations. (Beck, Freeman, & Davis, Cognitive Therapy of Personality Disorders, 2004)

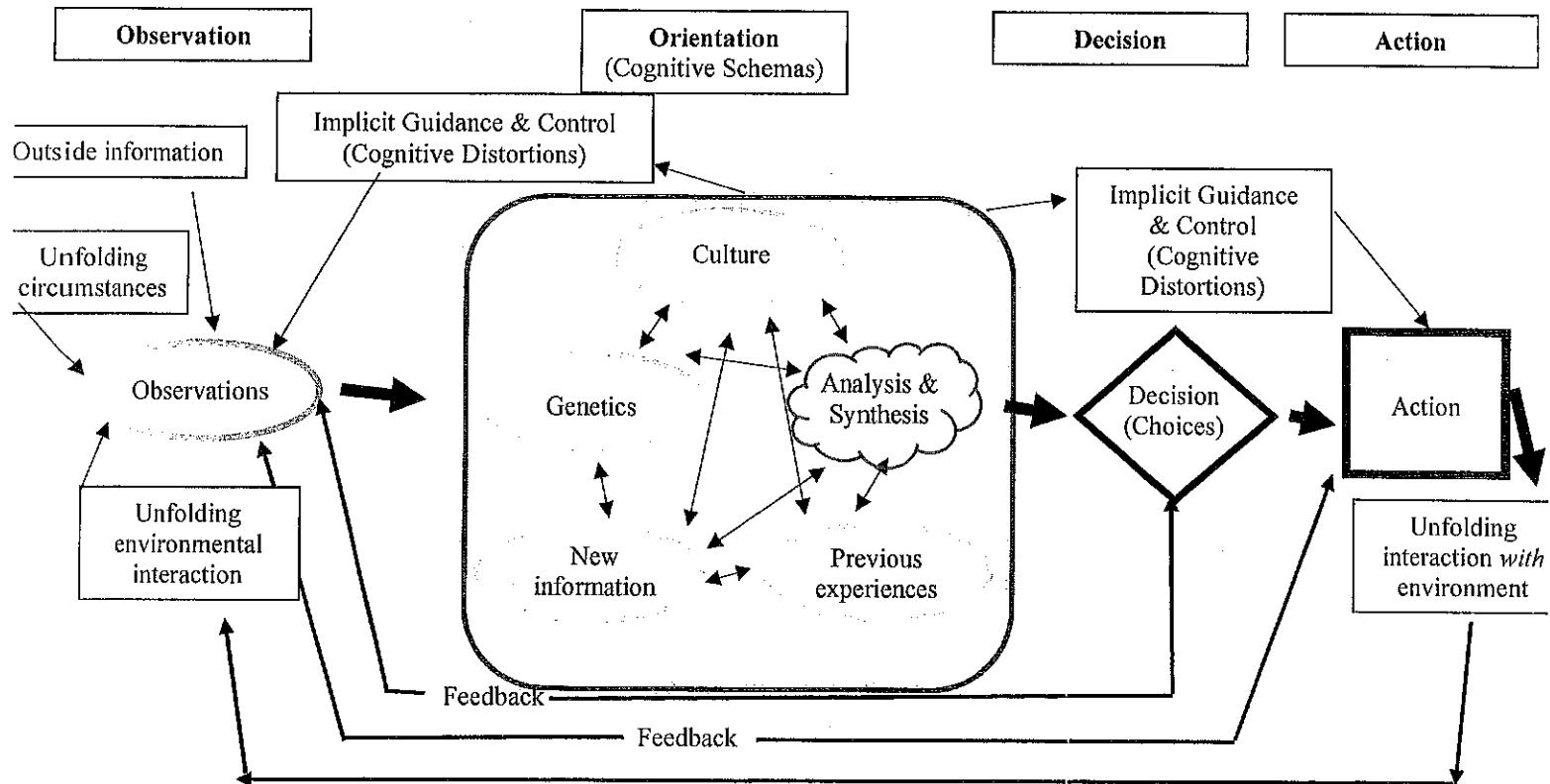
It should be seen as obvious then that both schemas and cognitions [thoughts] should be targets for change. (Gannon & Polaschek, 2006) And it has been shown that in implementing treatment, a skills-based approach in which individuals develop, enhance and reinforce specific skills to prevent relapse or reoffense is considered an essential element of cognitive behavioral treatment. (Hanson & Yates, 2004)

Consequently, the [actions/behaviors] that follow after those emotions are also learned. As irrational as those behaviors may be when seen from the outside (by ourselves, our families, or the legal system), from the inside, from our point of view, it seems like a normal things to do: Diving to the floor during fireworks, using cocaine instead of confronting marital problems, masturbating to pornography when depressed. And many of the addictive behaviors in which we engage have their root cause in a physical or emotional trauma. The addictive behavior is our way of doing something, anything, which will distract us from physical or emotional pain. It is the one decision we feel we can make when we feel like we're out of control, or when we're too afraid to do the one thing that may stop the pain. And if we can react quickly, instinctively, to make ourselves feel [better/safer/less pain] we feel like we are in control of things. Regardless of the reasons why we're engaging in negative behaviors, just as with positive human behaviors, we all go through the same process that moves from experience, to cognition, and into action. This is known as the OODA Loop.

### **Repairing Our Schemas and Distortions: The OODA Loop**

Today we often feel the pressure to do more, to do it faster, and to do it better. This tends to feel true regardless of your line of work. Some jobs even prize the ability to act or react without perceptible thought. But, as people caught in the grip of compulsive sexual behavior, have you encountered a situation where an emotional rush to judgment is helpful? Or is a rushed emotional judgment more likely to be harmful? Often times, as people in the grip of addictive or compulsive behaviors we react out of habitual instinct, a reaction to a stimulus that feels so natural we scarcely can perceive the thought that triggered the action. Sometimes a compulsion comes over us that we cannot hope to control, or emotions and feelings build to a point where we feel we no longer have a choice. Other times we become trapped in our cognitive distortions that short-circuit rational thought. And while these hair-trigger emotional behaviors we engage in do more harm than good, they are everyday life for those of us with impulsive reactions to past trauma, compulsive/addictive behaviors, or embedded [thinking errors/cognitive dissonance/criminal thinking] habits. Over time these habits become so ingrained that we begin to perceive them as parts of ourselves, as who we really are, instead of what they are: negative coping mechanisms. These emotions, feelings, and their resulting behaviors can make us feel out of control, they can manifest as actions ranging from subtle annoyances to criminal acts, and we all can agree our lives would be better off without them. So why do they feel so instinctual? And why haven't we changed?

The OODA Loop is a process that defines how we humans react to stimulus. It is a process we go through hundreds if not thousands of times in a single day that allows us to comprehend, shape, adapt, and react to, and in turn be shaped by the unfolding and evolving of our lives in an uncertain, ever-changing, and unpredictable world. (Boyd, 2020) The acronym OODA stands for Observation – Orientation – Decision – Action; and, whether we realize it or not, all of our cognitive, emotional/behavioral, and physical actions and reactions are shaped by the OODA Loop. This four-step process focuses on filtering available information, putting it in context, and making the most appropriate decision while also understanding that changes can be made as more data becomes available. As the name "Loop" implies, each of the elements of the loop shapes, and is shaped by, feedback from other elements of the loop as well as from other phenomena coming from our senses. (See Figure 1.)



**Figure 1: The OODA Loop** (adapted from Boyd, 2020)

The concept of the OODA Loop was developed by United States Air Force Colonel John R. Boyd as a means to understand the time scale required for a fighter pilot to win a dogfight in aerial combat. (Hillaker, 2020) Col Boyd believed all engagements of opposing forces can be divided into four essential elements: (1) observe and interpret the situation, (2) become oriented to the condition and intensity of the situation, (3) make a decision as to what response to make, and (4) put that response into action (Hillaker, 2020). The faster one is able to proceed through the loop, the faster one is able to make a decision and act; and in aerial combat this is a life-or-death matter. In a dogfight, your ability to think quickly enables you to act before your adversary in order to gain an advantage and win; moreover, each time you act, you interrupt or "get inside" your adversary's Loop causing him or her to have to start over before they can act against you. This is why Col Boyd often referred to the OODA Loop as "The Essence of Winning or Losing." (Boyd, 2020) He was so effective at applying his knowledge in this manner that he became known as "Forty-Second Boyd." (Hillaker, 2020) He had a standing bet that in forty seconds or less he could defeat anyone who flew against him. He never lost that bet.

Unlike Col Boyd's OODA Loop, fast-forwarded in order to defeat an opposing pilot, we

will focus on slowing down the Loop. The dogfight we are in is against ourselves and our negative, compulsive behaviors that feel like they are automatic. We are not slowing down our reactions to life-or-death situations, instead we are slowing down to first become aware of our physical and emotional states and then change our addictive behaviors. By examining Figure 1 you can see where cognitive schemas and cognitive distortions fit in the OODA Loop. Our cognitive schemas can be seen as discreet Orientation filters which get used depending on what we observe. As described by Col Boyd (and as previously mentioned in our discussions of cognition) our ability to Orient is affected by our culture, heredity, new and previous experiences. For example, someone with CSB may have cognitive schemas such as *Women are Objects*, *Children are Sexual Objects*, *Sex Equals Love*, or *Entitlement* which lead us to incorrectly interpret what we observe and then develop irrational choices to act on. In most cases of addiction these result from repeated behaviors in response to stress which teach us that the addictive behavior is pleasurable.

Cognitive distortions mimic what Col Boyd labeled in Figure 1 as “Implicit Guidance & Control.” These are the shortcuts we use that provide nearly-instantaneous feedback to both the Observation and Action steps of the OODA Loop. As they are implicit they are like a cognitive autopilot feature which will lead us to distort our own observations of the world and even act on them even if reality disagrees with the distortion. In essence, the autopilot will do what we have programmed it to do. But each one of us can overcome these cognitive shortcuts. We can either choose to remain locked in the habitual, distorted, “no-thought” reactions that have caused us to react in unhealthy, irrational, or illegal ways; or we can slow down and get inside our own Loop to begin implementing healthy emotions and behaviors. Being able to do this is the essence of us winning or losing against ourselves.

In discussing the OODA Loop we cannot overlook that there are alternatives that focus on how and why people make decisions. Some are directly related to psychology and other can be adapted from other fields and made to conform to our goals of ending sex addiction.

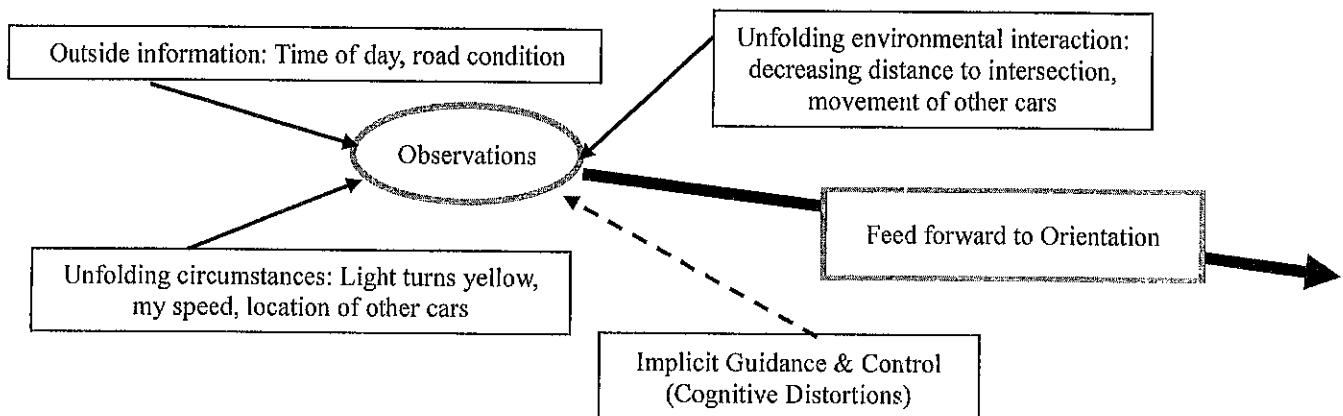
- SWOT analysis: A framework used in business to identify and analyze internal and external factors which includes defining Strengths, Weaknesses, Opportunities, and Threats.
- CBT: As previously mentioned Cognitive Behavioral Therapy maintains that by changing thoughts we can change the emotion, and by changing the emotion we can change the behavior.
- GTD: The Get Things Done method is a time management model that helps people and organizations break larger projects into smaller, actionable tasks. It is a five-step process that is sometimes referred to by the steps: collect, process, organize, plan and do.
- PCDA: The Plan, Do, Check, Act cycle is a model geared toward continuous improvement. This is also known as the Shewart Cycle. (Rouse, 2020)

In 2019 my first therapist, M.G., challenged me to use my knowledge of military operations and planning to develop a form of cognitive behavioral therapy that made sense to me. Because of my military background, I was familiar with the OODA Loop and it clicked as a way to understand how humans perceive, process, and react to the world. As this book is written based on my experiences I have chosen to stick with what worked for me instead of adapting my method to a purely psychological model. In explaining the OODA Loop method to others I have been incarcerated with, it has proven to be as easy to understand and implement as other CBT methods.

Let's walk through an example of how the OODA Loop functions by looking at a simple, non-sexual example.

### **The OODA Loop in Daily Life**

**Observation:** To begin, our observations consist of many different sources of information: outside information, the unfolding circumstances around us, and environmental interactions. This encompasses everything we are able to perceive. Every one of our senses are involved. We see the words on a sign, the color of a traffic signal; we hear the tone of someone's voice, a dog's bark; we taste and smell stale milk; we feel the temperature of someone's skin during a handshake. Our brains collect and process this information constantly. **Example:** It is mid-afternoon on a clear day and I am driving on a four-lane road. The road surface is dry. I am in the left lane, there is no a car in the right lane but there is one car 100' behind me and I am going approximately five miles-per-hour above the speed limit. I am about five car-lengths from an intersection. The traffic light just turned yellow.

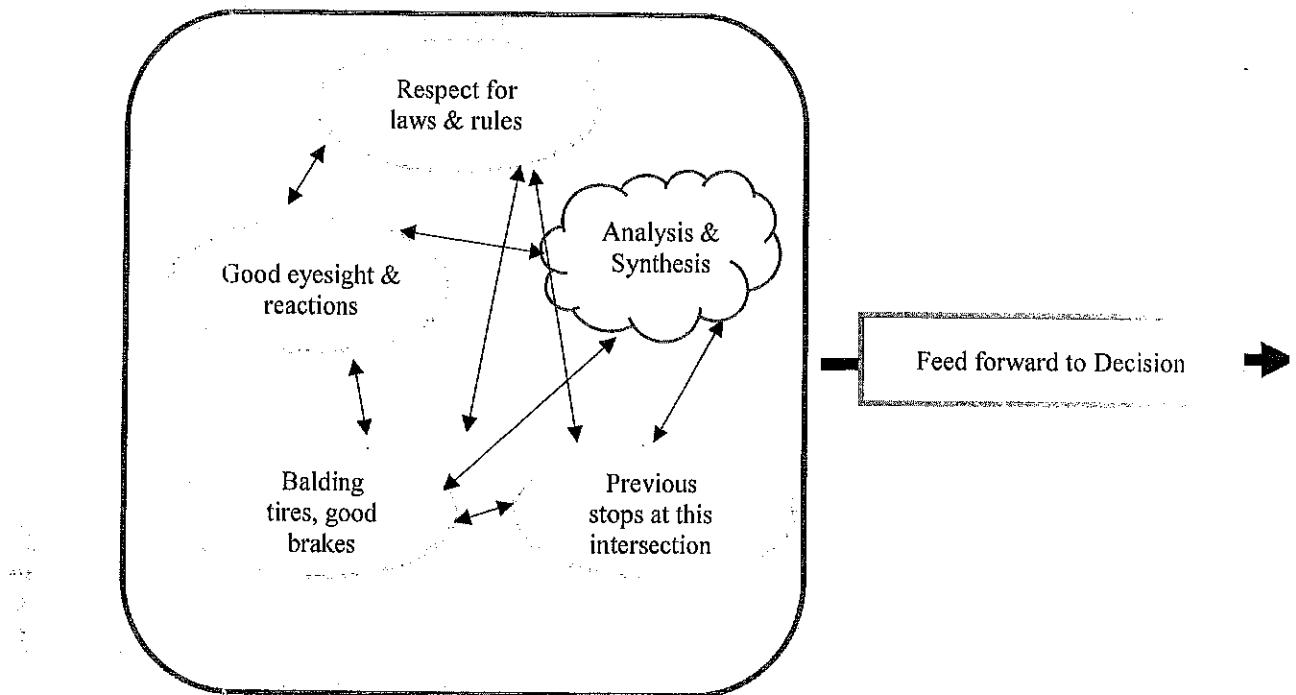


**Figure 2: Observation example**

Figure 2 illustrates how our situation approaching the intersection fits into our OODA Loop. We have taken in outside information based on where we are, what we observe, who is around us, etc. If, for example, we held a cognitive distortion like *I am a NASCAR Driver*, we may ignore all the outside information, regardless of what it tells us, and "automatically" choose to floor the accelerator through the intersection. This is depicted as a dashed line in Figure 2 because there are no cognitive distortions present in this example.

**Orientation:** Everything we perceive is then fed forward to be oriented. As can be seen in Figure 1 and below in Figure 3, Orientation involves the interplay of our own unique cultural traditions and heritage, our previous life experiences, and our analysis and synthesis of those events not only with each other but also with the event or stimulus we are currently experiencing. Keep in mind that this can be influenced by cognitive distortions of which we may or may not be aware. We can think of ourselves as applying a cognitive schema or orientation filter that relates to driving. Orientation shapes observation, shapes, action, and, in turn, is shaped by the feedback and other things that we may sense and observe. (Boyd, 2020) Following our example, you orient yourself to this specific approach to an intersection based on your life experiences up to this point which include how you were raised, your cultural values, and other similar driving experiences. **Example:** I have good eyesight. I have been raised to obey the rules. Safety is important to

me. There sometimes is a police car in the parking lot by this intersection. My car has balding tires but the brakes are good. Based on the current conditions and the speed limit for this road, the car behind me should be able to stop in time. I am not in a hurry to get anywhere.

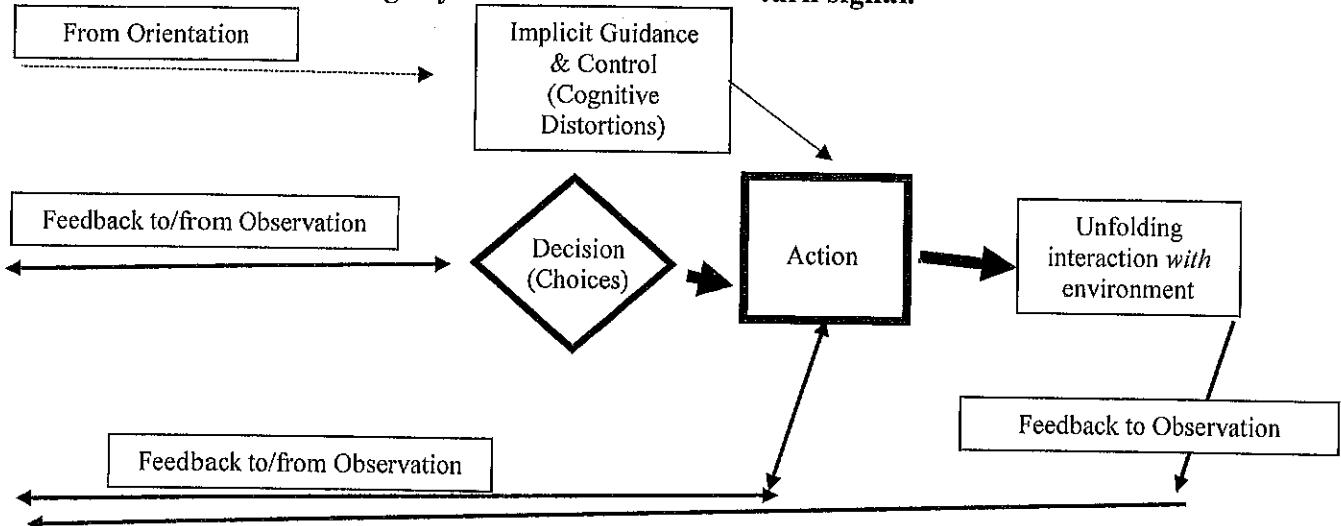


**Figure 3: Orientation example**

Figure 3 illustrates the Orientation step of our OODA Loop. Here we take the new observations we made in the previous step and combine them with things like our cultural traditions, genetic heritage, and our previous experiences. Orientation is the product of us evaluating what is happening and fusing it with our current and historical experiences. This is what is meant by “analysis & synthesis” in the OODA Loop diagram. The important thing to keep in mind is that this is where irrational cognitive schemas can lead us to engage in unhealthy, harmful, or illegal behaviors. For example, maybe we have always seen our family and friends drive like the own the road. Maybe we’ve been told our vision is failing but we don’t want to get an eye exam. Maybe we never check the condition of our car. This could combine to form a schema we could call *It’s All Good on the Road*. Our observations would then be processed by this schema and, as a result, we would present ourselves with a different range of choices to decide from.

**Decision:** Once we have completed Orientation we are able to make a decision in response to the event that has just occurred. This is where the choice is made. And, whether we realize it or not, this decision will be influenced not only by previous decisions we have made but also the outcomes of those decisions. For our example we recognize that there are two viable choices: Stop for the light or proceed through the intersection. This may seem like a simple binary choice but keep in

mind that part of our decision will determine *how* we carry out our choice. If we choose to go through the intersection do we accelerate briskly, slowly, or maintain current speed? Do we change lanes? If we change lanes, do we use our turn signal? Similarly, if we decide to stop, how will we decide to do so? **Example: I will obey the traffic light and stop for it by braking moderately. Just in case the car behind me isn't paying attention I will move into the right lane while using my turn signal.**



**Figure 4: Decision & Action Example**

It is important to note that the Decision step can be completely bypassed by our cognitive distortions. Remember that we have created these thinking shortcuts to enable us to react quickly. In the case of our example, several scary or threatening experiences around intersections may cause us to act unconsciously in a manner that may not be safe or appropriate based on a rational analysis of our observations. In the case of our CSB, even though a given situation preceding our behavior usually does not involve life-and-death situations, we may have conditioned ourselves to think and act with similar urgency in order to avoid a scary, painful, or shameful situation. When we slow down our OODA Loop we can interrupt the cognitive distortions before they jump ahead of the Decision step.

**Action:** Based on the synthesis of the previous three steps in the OODA Loop we now implement our chosen action. This action is the manifestation of the Decision we made in response to our Observations which were filtered and Oriented based upon the sum of our life experiences. **Example: I check my blind spot and signal while I begin braking. Once I am sure the lane is clear I move over while applying the brakes to bring the car to a stop before the intersection.**

Keep in mind that once you begin acting, the OODA Loop continues to work by providing feedback via a constant cycle of Observation-Orientation-Decision-Action. For example, if your car begins to skid when you slow down this unfolding interaction with the environment is fed through the steps of Orientation, Decision, and Action. If you have been in this situation before you may decide to take your foot off the brake and counter-steer to correct the skid. If this is a new experience you may press the brakes even harder. The outcomes of either action will then be used to help Orientation the next time a similar situation arises.

### **The OODA Loop and Behavior**

*Explain how consistent unhealthy behaviors can skew the Orientation and Decision steps and lead to irrational actions.*

Building on the last example, we will now describe how cognitive distortions can affect how our OODA Loop functions. IF we consider someone to be rational and balanced in their behavior ADD MORE FROM HERE. LIKE SHAME SPRIAL AND RUMINATION FROM PREV CHATPER Unfortunately, even if something does not go according to plan, our ability to think rapidly can still be adversely affected by our cognitive distortions. As we have previously discussed, cognitive distortions can lead to the formation of cognitive schemas. In this example, if we hold the cognitive distortion of “Yellow lights mean, ‘Speed up!’”

Since the basic structure of the Loop occurs naturally we must make sure the internal information we feed into the Orientation step is correct. As previously discussed, how information is processed in this step can be affected by our previous experiences, our culture and heritage, and previous analysis or decisions we have made. Without our knowing, we may be suffering from thinking errors, also known as cognitive distortions, which can affect our ability to correctly orient ourselves in response to what we observe. In his *Cognitive Therapy of Depression*, Psychiatrist Aaron Beck labeled this error as “catastrophizing,” always thinking the worst since that is what's most likely to happen. (Beck, 2004) You can think of it like a thinking “short-cut” Mark uses instead of taking the time to correctly orient himself. [But why is this bad?]

→Re-write the Method section to correspond...must be parallel to the preceding section...either you're using the Loop or you're not. Additionally, need to make this conform to my practice of re-writing the Orientation schemas I used...include more neuroplasticity examples and exercises like “Eyes, eyes, eyes” and negative counterbalancing.

## **Method**

Modifying our Orientation Loops, our cognitive schemas, relies on the principle of neuroplasticity which states that we can retrain our minds but engaging in experiences and consciously choosing to remember or orient ourselves to them. In this way we “re-wire” our brains. By smiling through a piece of music you used to associate with a sad day, you can change how you react. By consciously choosing how we think or feel when triggered by sexual stimuli we can re-program ourselves from unconsciously reacting sex addicts to people who can have normal, healthy, fulfilling relationships.

The following method is based on getting inside your own OODA Loop and is a form of Cognitive Behavioral Therapy. Keep in mind you are not being asked to learn a new process. You are already doing this hundreds of times each day. What you are being asked to do is *slow down* and *be mindful* of the process so that you are able to make positive changes to your current pattern of thoughts and behaviors. While our stream of thoughts has a huge amount of momentum that can drag you along with it and, although you may not be able to stop it instantly, you can begin to gradually

slow it down to the point where you control your thoughts...not the other way around. (Tolle, Stillness Speaks, 2003)

Note: [I am organizing it in this manner because it makes sense to me based on my military background. Call it a checklist/process/procedure/SOP whatever makes sense to you. The examples of coping behaviors I have included in this version are those with which I am most familiar: PTSD, compulsive sexual behavior, low self-esteem [lack of value, etc.].

## **OBSERVATION**

For many of us, we may not be able to simply observe things without "automatically" making a judgment or reacting. In and of themselves, external stimuli received by any person has no intrinsic bad or good value. Good or bad, safe or risky, auspicious or unfortunate; all are values *that we apply* to any given situation. As soon as we have done this, Orientation is complete. Freeze, fight, or flight; all are actions that we choose to do. As soon as these are done, Decision and Action have happened. We haven't skipped Observation, we just blew through it instead. Especially when we are dealing with emotions that we believe keep us safe it may very difficult to slow yourself down enough to just observe.

"But, I just observed my wife making a snippy, condescending comment to me. How am I not supposed to get mad?" Think about the magnitude of what we're trying to accomplish here...these are thinking and behavior patterns that are so ingrained that we believe them to be part of us to the extent that our observations are processed and assigned value almost instantaneously. For many of us, these [patterns/behaviors/judgments] have been going on for most of our lives. Fixing these, interrupting our OODA Loop, amounts to no less than reprogramming your internal computer. As such, it will require time and, most importantly, patience. So, how do we interrupt our reflexive, automatic jumps from Observation into Orientation, Decision, and Action?

Here is an exercise in Observation:

**Purpose:** Stay aware (be observant) in order to stay ahead of known triggers which send you rocketing through your OODA Loop.

**Method:** Mindful observation of your surroundings. Recognize the known and potential triggers of negative behavior without orienting yourself to them (assigning good/bad/other value):

Physical trigger examples: Locations, sights, sounds, smells

Emotional trigger examples: Arguments, physical conflict, harassment, cruelty, complaining, criminal thinking

Use your awareness to avoid situations that contain these triggers. If confronted with a trigger do your best to escape that situation or location.

Why should you knowingly entering a situation, location, or [pattern of thought?] that you know has the potential to begin a cascade of emotions and decisions that ends in something unhealthy, immoral, or illegal? Remember, these "automatic," negative coping behaviors aren't fixing your problems, they're unhealthy and may be addictive behaviors! [change? re-phrase?]

**End State:** Reduction of impulsive physical or emotional reactions which, in the past, have led to negative coping behaviors.

## **ORIENTATION**

### Slowing Down

The previous exercise is a good first step in slowing down the transition between Observation and Orientation. All we have done is remove some of the most common things that fast-forward us in Orientation. If you are able to successfully apply this exercise you should notice that the instances where you "fly off the handle" or automatically react in a negative way decrease. Once you are [proficient, etc?] at avoiding triggers you can begin to just *observe*. In doing this you can break the deep-seated mental need to label every sense perception and experience; do you really need to have an unending like/dislike relationship with everything and everyone in your life? (Tolle, 2003) Remember, this is only a habit and habits can be broken. But what if you feel like you *can't* slow down?

Slowing down was one of the hardest things for me to do. If you had asked me to try the previous exercise it would have been difficult for me because I perceived many of my behaviors (even the deviant ones) as necessary for my well-being. My entire professional life had been built around a learned ability to emotionally distance myself from events so I could increase my tactical proficiency. For me in the Navy having a fast OODA Loop was the accepted mode of behavior for large portions of my daily life and, while deployed, it often became the norm 24/7. With so much time spent reinforcing a way of thinking as the essence of winning and losing and the deciding line between life and death; it does not require a large stretch of the imagination to believe this way of orienting yourself to the world can be just as effective in non-tactical situations. Thus, I began using cognitive distortions and certain cognitive schemas which were well-suited to tactical situations in everyday life. These were simple situations like driving in traffic, solving marital problems, and dealing with emotional issues. This process served me well in Iraq, however, when I returned home, I began to use it as a short cut to feeling good. My choices became more limited as my distortions and schemas streamlined my choices down to a scant few. Often the decisions and actions which would produce the desired results happened almost automatically.

It took a significant amount of time after I was first incarcerated to realize my reactions did not have to be so quick. I can remember flipping out on a staff member during my first few weeks in the facility. After being notified that my lawyer was waiting to see me, I got ready and waited to be escorted to the meeting area. While I was waiting the staff member was nowhere to be found. The phone on his desk was ringing non-stop and I was absolutely sure it was the call to move me. Ten minutes later, the staff member returned from a cell search in my unit and answered the phone only to tell me that my lawyer had left. In about half a second I used my observation of a ringing

phone, an absent staff member, and notification that my lawyer had left to decide that the facility had, though their own incompetence, had violated my rights to see my attorney. My chosen action? Anger! Ranting and raving and calling for a supervisor and filling out a formal grievance form all the while cheered on by my fellow detainees and helped along my raging path with addresses to the US Marshal's Inspector General and various other forms of redress. What had happened? I had made my observations and screamed right through orientation without even noticing I had done so. Because of how I oriented myself to that situation I had very few choices to decide on and before I knew it I was already acting out negatively.

I later used this incident as a baseline example to remind myself just how fast I was reacting. Since I was unable to objectively and rationally orient myself to the things happening around me I would often not perceive that step. I couldn't see that my thoughts were wrong. This was long before I learned George N. Collins' "First Thought Wrong" technique (see Chapter 5). And even if I had known about it, it still would have been hard for me to implement it at the rate of speed I was making poor choices. The problem I had to solve was how to determine if I had been triggered. Because, without this recognition my tendency was to follow up my irrational behavior with more irrational behavior in a self-perpetuating loop. This was true whether my choice had been to engage in a safety behavior in response to a PTSD trigger or to engage in compulsive sexual behavior in response to depression. How could I determine when I observed something (was triggered) that propelled me straight through the OODA Loop quicker than I could recognize? The first thing I taught myself to observe was my physical reactions.

#### Physical Reactions and Orientation

Since I was unable to rely on my thoughts for rational guidance I sought help from my father. His advice was to pay attention to my body. Even if you don't recognize that you are thinking irrationally and acting out, your body will still be reacting. How? In the case of my PTSD I was able to feel the tightness in my chest, the accelerated heart rate, and the increased breathing that told me I had already begun to react to something I observed. In the case of my sexual behavior there were two physical reactions: The first was the feeling of extreme fatigue, low motivation, and low self-esteem that accompanied my depression; the second was the physical sexual reaction that I would have when I observed a woman, a commercial on TV, or anything suggestive that would begin to key my brain into its habitual cure for depression – sex. It took time but eventually I was able to perceive the slightest evidence of these feelings. And once I was aware of the feeling I would often be able to discern the emotion I was experiencing. Then I could determine what had triggered me (what I had observed) and then come up with a list of choices to guide my decision and eventual action. The following is an exercise that can help us identify if we have been triggered, implement first steps, and eventually reengage our OODA Loops. Remember to take this in small steps and realize that we're looking for progress, not perfection. It took us a long time to develop our CSB and it is going to take a long time to learn a new way thinking, feeling, and acting.

#### Orientation Exercise

**Purpose:** Learn to recognize physical and emotional reactions that indicate I have been triggered.

**Method:** First, attempt to identify the physical or emotional reaction, for example,

Physical: Increased heart rate; shallow, rapid breathing; irrational safety behaviors; tightness in chest; sexual arousal; sweating; trembling; self-soothing behaviors.

Emotional: Fear, anger, powerless, helpless, sorrow, grief, shame, rage, despair, depressed, hopeless, worthless, hurt, arousal, objectification, deviant thoughts.

Next, **STOP** what I am doing; **GET AWAY** from the trigger; take a few minutes to **CALM** down before doing anything. (Note: Depending on the situation, it may be possible to accomplish some or all of these steps.)

Again, **SLOW DOWN, CALM DOWN!** Do not rush into this step. Once you have become aware of your reaction, take time to try to examine why you are experiencing these feelings and relate them to a root cause (original wound) such as PTSD, etc. Remember that, as someone who may have been thinking irrationally for some time, your 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>...Nth thoughts or rations may still be irrational. Do not be afraid to ask for help from a trusted supporter. You are not in this alone. Yes, it may seem very basic, almost childish, to ask another grown adult to help you determine what you are feeling. Do not be ashamed of this! We all have to start somewhere and this may be exactly where you are right now. I was there for a long time and I had a very hard time not feeling like I was broken because of this. But if you trust your supporters these kinds of feelings will pass and you will gain the ability to perceive and change your behavior. This is especially important as you begin taking steps to modify your own behavior.

**Note:** The selection of an appropriate, healthy coping [action/skill/behavior] is based on having an objective, rational understanding of what is happening. In time you will learn to determine the how and why of the reaction by objectively answering: What is this really?

**End State:** Physical and emotional reactions have been identified (how, what) and correlated to a root cause (why) such as PTSD, sexual addiction, low self-esteem, or depression, etc.

Working through this exercise should be done gradually. Again, the goal is progress, not perfection. You will make mistakes until you form new habit patterns, you will miss signs or signals of your reactions, and it may seem like you're not going anywhere. I felt the same way. The best advice I can give you is to trust the process. This will work if you put in the time and the work.

- = needs revision/updating to match format with first part of guide.
- Add examples that illustrate the impact of different value-based cognitive schemas on Orientation outcomes.
- Show how that feeds into the creation of healthy choices to Decide and Act on.
- Reinforce the importance of feedback portions of the Loop and how to use your own feedback as well as the feedback received from your trusted supporters.

## **DECISION**

**Purpose:** Choose appropriate, healthy coping behavior(s).

**Method:** Based on the root cause of the emotional or physical reaction, different coping skills can be used to resolve the problem. Be vigilant and avoid old, unhealthy coping behaviors which only provided relief via avoidance, safety behaviors, addictive behaviors, etc., by anticipating them and then challenging and stopping them. Successful resolution of [problem, disturbing, irrational, addictive] thoughts, emotions and behaviors can only be achieved by working *through* the problems, not by going around or avoiding them. If the urge to negatively cope becomes overwhelming, [re-Orient yourself to what you're thinking and feeling] or seek help from a trusted supporter.

The following are examples of healthy coping behaviors related that can be helpful when dealing with PTSD, compulsive sexual behavior, and low self-esteem/low mood. They can be performed by themselves or in combination (e.g. progressive muscle relaxation and talking with a trusted supporter) depending on personal preference and prior experience.

PTSD: Graded exposure in order to reduce perceived anxiety by 50% from original reaction [do I need want this semi-complete definition?], challenge reaction with positive self-talk or affirmations, sub-personality dialog, deep breathing exercise, progressive muscle relaxation exercise, journal writing, talk with trusted supporter.

Compulsive sexual behavior: "First Thought Wrong," Victim Point of View (VPOV), recognizing victim impact, "Shifting Attention/Awareness Drill," Fantasy ≠ Reality, Humanization vs. Objectification, dialog with sub-personality and challenge thoughts, talk with trusted supporter.

Low self-esteem/low mood: Recognize and list core values, recognize and list inherent good in yourself, dialog with sub-personality and challenge thoughts, forgiveness affirmation, present moment awareness, "This is the best thing that could have happened," talk with trusted supporter, socialize with others, perform a Rational Self-Assessment (RSA), perform and Attitude Check.

Note: Keep in mind this is not an exhaustive list of coping behaviors. It is possible for certain skills to work one day and not the next. Additionally, you may become desensitized to certain skills over time or become complacent and assume they will work. None of these skills will work automatically...you must apply yourself! If one skill doesn't work, try another. Stay motivated and be resilient even in the face of minor set-backs or lapses. Never be afraid to ask for help.

**End state:** Remain mindful and rooted in the present; irrational physical and/or emotional responses are regulated; root problem or triggering events is resolved via healthy coping behavior(s). [Re-order this or change???]

## **ACTION**

**Purpose:** Determine effectiveness of coping behavior(s)

**Method:** SLOWDOWN!! Take the time to objectively analyze your current feelings and physical

reactions [level of perceived distress, arousal, etc.] using a Rational Self-Assessment or Attitude Check and compare the results to how you felt during the Observe step of the OODA Loop. If you have any doubt of the accuracy of your assessment, as a trusted supporter for feedback. If distress levels [physical or emotional agitation, stress, arousal, etc.] have not been resolved, re-enter the OODA Loop again and consider using a different behavior. If the distress still persists, you must ask a trusted supporter for help. Bottom line: **DO NOT QUIT!**

Note: Writing down a review of your observations and actions as you Observe-Orient-Decide-Act may help you to identify unperceived thinking errors. Additionally, periodically reviewing how you have responded to past challenges will help you see progress [in your recovery], identify best practices/reliable coping behaviors, and permanently remove thinking and behavior errors from your new [habits/patterns] of healthy behavior.

**End State:** The triggering physical or emotional [event/state] has been resolved and reset to pre-triggered levels.

## **Chapter 7: Physical Recovery**

I've known many people who believe that all good things come in threes. The relationship between thought, emotion, and behavior underpins the cognitive behavioral therapy methods that underpin our recovery. Christian theology teaches people about God being comprised of the Father, Son, and Holy Spirit. Another triumvirate for us to consider is the relationship of mind, body, and spirit. We just spent the last chapter discussing how to strengthen and train our minds to engage in healthy behavior. Considering how we all came here because of our problems with CSB, mental health is a logical place to start. But a person who has mental health without physical and spiritual health is like a three-legged stool that is missing two legs: It requires a precarious balancing act to remain upright and it's sure to fall once it gets hit by a breeze.

The concept of holistic health has been around for thousands of years. It holds that all parts of a person and their life should be in balance, No one part should predominate or receive all the focus, especially not when it comes as a detriment to the others parts. If we are to practice holistic health we must consider the balanced health of our mind, body and spirit. When we consider your physical health, a good place to start is by looking at nutrition, exercise, and meditation.

Nutrition: In Chapter 6 we worked on self-forgiveness. We learned how it is a skill that must be learned and must be practiced throughout your life. It is not a one-shot, quick fix solution. How we feed ourselves is a similar skills that requires similar dedication. Most "diets" that we see today sell the quick fix solution. "If I can just eat Paleo (or Keto/Atkins/South Beach/Vegan, etc.), then I will be healthy!" But the reality is that most people who start one of these diets fail to maintain it in the long term and suffer the adverse effects of yo-yoing weight and health. Often this is because you are required to cut out specific foods at specific times, or for specific reasons (see all previously listed diets). If physical health begins with proper nutrition

The easiest way to pick a diet (by this I mean a pattern of getting nutrition, not "South Beach" or "Paleo") is to find something that works for your lifestyle and then make the diet a part of your lifestyle. This will make it easier to maintain. Fatima Stanford, M.D., MPH, an obesity medicine physician at Massachusetts General Hospital and Harvard Medical School is emphatic that people need to be sure that the eating style they choose (especially after age 40) is something they can do for the rest of their life. "If it's not something you can sustain for 20-50 years, then why are you doing it at all?" (Munson, 2021) In spite of the marketing, the fact remains that most physicians and dieticians agree a balanced diet of carbohydrates, protein, and fats will best contribute to your overall health. Dr. Stanford states, "For a sustainable diet plan I don't like to hyper-focus on calories. It's important to have a high-quality diet of protein, while grains, fruits, and vegetables. The less processed food you eat, the better. These things have been the constants for years, no matter how the healthy eating guidelines have changes over the years." (Munson, 2021)

Exercise:

Like diet, pick something sustainable...and enjoyable. Strength training and aerobic exercise are both important but it makes more sense to train more frequently while inflicting less damage on

your muscles and joints during your workouts. (Munson, 2021)  
Benefits to overall health via strength and flexibility. Daily life.  
Cardiovascular health  
Stress reduction, anti-depressant effects.

*Meditation:*

Benefits of sleep: The workouts we do are only as good as our ability to recover from them. (Munson, 2021)

Benefits of awareness meditation  
Benefits of relaxation meditation

(Averill, 2021) In 2016, researchers at Rutgers University published a study indicating that meditation followed by aerobic exercise can reduce the symptoms of depression by nearly 40 percent. A 2020 study of college-age athletes in Taiwan showed that endurance levels and cognitive abilities improved after five weeks of mindfulness training. Kriste Peoples, running coach and meditation teacher in Denver thinks that the gains have more to do with acceptance of discomfort, "In mindfulness, we're taught to turn toward what's difficult. What you resist persists." A 2015 study published in the *Journal of Neuroscience* showed that meditation helped reduce pain sensitivity in a lab setting. (Me) this only furthers the [idea/concept] interconnectedness of your mind, body, and spirit. If mindfulness and aerobic activity emotional state, then [athletic performance/activity level] do you really think that only works one-way? Diet, exercise, mindfulness all enhance the body. A healthy body influences and enhances emotional condition. A positive emotional and physical condition opens the way for spiritual growth as well. As laser-like focus on only one thing, or one area of things, or just a select few areas of things still leaves part of the whole in a neglected state. The longer the neglected state is ignored, the more malignant it will grow and the more powerful it will become as a detrimental and destabilizing influence on the rest of your life.

## **Chapter 8: Spiritual Recovery**

*"I believe that when you die and go to heaven, God won't ask you what you've done but what you could have done."*

– Muhammad Ali

Peter Grinspoon, M.D., is a busy primary-care physician in Boston and teaches medicine at Harvard Medical School. But for many years he was a doctor who coped with stress by writing himself Vicodin prescriptions. A key to his recovery from opioid addiction was developing an awareness in himself of what was important in his life (his values) and developing an awareness of community,

“A friend in rehab used to say that it’s too bad you have to totally screw up your life to have the opportunity to reinvent yourself. A critical component of recovery for me was rediscovering who I was and what was important to me – not what should be important, like being an “important” doctor or making money. What is important is being present and connecting with other people and having a community around being healthy. Listening to people and appreciating them and helping them – and allowing them to help you – requires a lot of humility and vulnerability. That helps you get over something as all-consuming and miserable and destructive as addiction. These skills are what keep you in recovery, and if you’re not practicing these, the shame and emptiness come back, and you need a drug. But if you do practice these things, you’re happy and healthy, and there’s no space for the drugs to come back. Recovery is about so much more than not using the drugs that were derailing your life. That’s necessary, but not sufficient. Recovery is a complex edifice – you’re restructuring your life in a way that you can find joy and fulfillment from all the things that aren’t drugs or alcohol or sex or gambling or whatever it was that you were using to fill the void of what you weren’t getting in healthier ways.” (Grinspoon, 2021)

We need something bigger than ourselves, something bigger than our lives and our problems. As an atheist you can know where you fit in the cosmos, who is responsible for making choices in your life, and who must ultimately be held responsible for those choices. If you are a deist (Christian, Hindu, Muslim, Shinto, Wiccan) you can also know the answers to those questions. (How much would you like to bet that many of those answers are eerily similar?) This is the crux of spirituality and where it fits in your recovery...not in throwing your hands up and resigning yourself to fate...not in relying on a get-out-of-hell-free card...but in recognizing your place in your family, your place on earth, and your place in the universe and then acting in accordance with what is required by that position before your God, before your values, and before yourself. Spirituality guides and supports our decision-making, for even if we have no God we still possess an innate human nature that craves purpose and fulfillment via the recognition and love we receive from others and ourselves. This is the same thing Dr. Grinspoon was getting at.

What Dr. Grinspoon discovered is the same thing that Dr. Viktor Frankl discovered in Auschwitz: We must have a purpose *for* our lives. *Logotherapy* is the term Dr. Frankl used to describe the practice of guiding people to discover their purpose in life. (Frankl, 2006) Finding your purpose in life and therefore attaining the joy and fulfillment Dr. Grinspoon described must be rooted in your values. Throughout this book we have been discussing living by one's values, but where do they come from? Such encompassing, life-shaping values fall under what I consider to be Spirituality. Regardless of your faith background, if any, a cornerstone of successful recovery and a happy life is connecting with your spirituality, discovering your values, and binding yourself to them. And just as with recovery, this isn't something we can do alone. Our lives are not guided by a Tesla Autopilot: We need both hands on the wheel at all times. Continued happiness requires continuous work.

Whereas our addict minds and compulsive behaviors led us to find external solutions, spirituality helps us to find a solution within ourselves. The late Zen Buddhist teacher Charlotte Joko Beck described looking for an outside solution as living through "if onlies." If only I had a better car I'd be happier...a nicer house...a better boss. But eventually we wear out our "if onlies" and it is only then that we shift our search for happiness to more subtle levels. (Beck, 1989) An important idea to note is that, especially coming from our addictive backgrounds, we may approach spirituality as a new "if only." Our addictive behaviors are driving us to do just that...to find the thing that will cover up our pain or, at a deeper level, our existential anxiety. By continuously seeking something external to ourselves we confine our search to an object. By seeking a spiritual "if only" our limited minds are searching for a limited solution and we just end up with more of the same wild goose chase that has made us miserable. The solution, regardless of whichever spiritual path you choose to follow, is to see through the mirage that there is an "I" separate from "that." (Beck, 1989)

The search for spiritual truth involves dropping the external quest for a goal which is ultimately unattainable. This quest is something that can only be accomplished by you, by practice and dedication. Just as our recovery will not progress more quickly or completely by reading books, our quest for truth, communion with God, or enlightenment, cannot progress by merely reading. Have a sane and more balanced life must come out of a sane, balanced practice. (Beck, 1989) Bringing one's life into clarity and balance without constantly pursuing the "if onlies" can provide us with a chance to realize who we really are. Just as practicing Zen Buddhism isn't sitting on a cushion for a half hour a day, nor is Christianity doing to church every Sunday, true spirituality is incorporating your beliefs into your life twenty-four hours a day. Your meditation isn't the practice, your time in prayer or at Mass isn't the practice; your entire life becomes practice. (Beck, 1989) To quote St. Augustine of Hippo, "The whole business, therefore, in this life is to restore health to the eye of the heart whereby God may be seen."

In my life I have gone from being a devout Catholic in my teens and early 20s, to a devout Atheist from my 20s to my 40s, to rediscovering my spirituality after my arrest. And, yes, I can hear the eye rolls and the sighs, "Here it comes. Another con who magically found Jesus once he's thrown in prison." [But if I examine those periods of my life I can see parallels between whether or not I was engaged with a strong, supporting community.]

Support structure...friends, family, professionals, and clergy.

Draw from Exercise 2G in Worthington's Self-Forgiveness workbook and how I integrated this personally.

(Grinspoon, 2021) People who are susceptible to addiction often have very low distress tolerance. The minute they're uncomfortable, they take a drug to replace the bad feeling with a good feeling. Progress not perfection.

(Chopra, 1995) In order to live, man must believe in that for which he lives. People languish and die when their core of belief is gone.

(Maull, 2005) Fleet Maull is a meditation teacher, prison activist and founder of both the Prison Dharma Network and the National Prison Hospice Association. He served 14 years in federal prison after being sentenced to 30 years on drug smuggling charges. "Here's the deal: Life is very deep, and you haven't been acting like it. Let's talk about that." "I didn't feel like I was making sacrifices so much as naturally letting go of what was unnecessary. I came back to the reality of how little real satisfaction there is in those things. I remembered how wretched I felt when those activities were the substance of my life." "Unfortunately, my spiritual yearnings had long run parallel with my addictions." "I am thoroughly convinced after spending fourteen years in prison with murderers, rapists, bank robbers, child molesters, tax dodgers, drug dealers and every sort of criminal imaginable, that the fundamental nature of all human beings is good."

The first step in cognitive behavioral therapy is to increase awareness of the different types of emotional states. By developing awareness of what we are feeling we also become aware of our problems and difficulties in managing our emotions. With increased awareness we will learn to identify the emotions that [precede/trigger/lead to] us engaging in compulsive sexual behavior.

## Acknowledging Relapse

This is a conversation that needs to happen. Relapse will be the elephant in every room you enter until you acknowledge it. We cannot remove the possibility of relapse from our lives but we can, by following the methods discussed in this book (seeking therapy, surrounding ourselves with a strong support structure, holistically healing our lives) significantly reduce the probability of relapse. Yes, I know you may be saying, “There’s no way I can ever repeat my behaviors. There’s no way I can ever re-offend! I’ve learned my lesson. I see my irrationality clearly. I could never live that way again.” If you’ve said that (just as I have) congratulations, your head is in the right place but recovery is a lifestyle. Relapse won’t be held at bay because we acknowledge what we’ve done. Just as we sought to understand what got us here in the first place, if we are going to be responsible to ourselves, to our loved ones, and to the people we hurt, we must acknowledge that relapse will always be a possibility.

A relapse into compulsive sexual behavior will always be a possibility for us because that was our drug of choice. When we felt bad, sex made us feel good. But that does not mean that if we relapse, it will be with sex. How many of us know someone who a member of both Alcoholics Anonymous and Narcotics Anonymous...or Gamblers Anonymous...or Sex Addicts Anonymous? See what I’m getting at? We have created thinking pathways in our brains by repeatedly engaging in addictive behaviors. The vodka, the poker games, the porn isn’t the root. They are the choices we make when we lack the skills to adequately cope with life’s problems. In Chapter 2 and Chapter 5 I discussed a man I knew who attempted suicide after his arrest. If you’ll remember, his sexual behavior was not his first addiction, it was his third. He began with alcohol and then progressed to cocaine before choosing sex.

By using the OODA Loop we are able to deconstruct our thinking process, understand it, and then recognize when it wasn’t working the way we want it to. We can do the same thing with respect to relapse. There is a depth and breadth of research that shows the pathway to relapse, be it with drugs, gambling or sex, follows approximately the same cycle. (New Hope Treatment Center, 2003) But just as with our internal thought processes, the cycle can be interrupted and changed. The following diagram is from the New Hope Treatment Center in Summerville, South Carolina. It represents the relapse cycle and its various phases for an “average” addict or offender. Just as every addict is different yet similar, the particular parts and their order within each phase may vary among individuals and some people may not experience all the parts shown.

## **Relapse/Prevention Tree**

(Adapted from New Hope Treatment Center, 2003)

### **Abstinence**

(Sense of control, continued success expected)

Trigger ↓ Trigger

Seemingly Unimportant Decision (SUD), giving up control, avoidance of responsibility, other precursors?

Yes

↓ → No: **Prevention**

### **High-Risk Situation**

(Sense of control threatened)

↓

Adequate Coping Response?

No

↓ → Yes: **Prevention**

### **Lapse**

Abstinence Violation Effect (giving up)

↓

Adequate Coping Response?

No

↓ → Yes: **Prevention**

## **Relapse**

### **Justification Phase**

(Adapted from New Hope Treatment Center, 2017)

**Maintenance Phase:** Abstinence is the successful use of self-restraint or self-denial with respect to addictive behavior. In other words, we are able to apply our recovery mindset to our on-going

life problems (work/home, financial, personal, or spiritual stressors) by applying healthy coping skills and behaviors. This pattern of behavior is also called the “maintenance phase” which is an apt way to describe our recovery...maintaining our newly found healthy lifestyle. With consistent application of adequate coping responses this phase can last indefinitely. However, events may occur which we may not be able to adequately respond to. These are “triggers,” the events which are significant enough in their level of severity or surprise that it feels as though we are triggered to react automatically. We now know that by an “automatic” reaction we are referring on to which we have become habituated and have created a mental shortcut in order to react faster because of a perception of threat.

**Build-Up Phase:** While we may be able to avoid many of the situations which are recognized, part triggers (driving past a strip club we used to go to, viewing certain websites, etc.) we cannot avoid everything that may trigger us. In the cases when we are triggered it is important to practice the techniques we have already discussed: Being alert for mental or physical changes, identifying the source of the trigger, interrupting our OOOD Loop long enough to stop automatic orientation, rationally orienting ourselves to the situation, deciding on a safe choice, and implementing this choice. When properly applied we reset ourselves back into the maintenance phase and we continue abstaining from our addictive behavior. When we do not do this we may progress into the Build-Up Phase which is characterized by our initial poor choices and may further escalate into a High-Risk Situation. When we are triggered we may begin to associate with the previous precursors of our compulsive sexual behavior like watching porn, engaging in lewd talk, or drinking alcohol. We may also give up control and resign ourselves to “this is just how it is for me.” We may make SUDs. For example, buying a “burner” cell phone so we can covertly surf the web. Again, having the mental awareness to observe that these thoughts, emotions or behaviors are occurring are paramount. Even late detection still affords us the opportunity to employ a healthy coping response before we move closer to relapse.

**Pre-Act Out Phase:** Failure to adequately cope once triggered moves us closer to relapse. At this point in time we can be said to be in a Lapse. This is characterized by thoughts and behaviors such as fantasizing and planning and is known as the Pre-Act Out Phase. At this point we have not relapsed, but we are actively thinking about how to do so. We have given up active attempts to engage in healthy coping behaviors. In this phase we are downloading apps or software that will allow us to engage in our CSB. We are rearranging our schedules to make time to get a massage after work. We are asking friends if they want to go to a strip club after work. Our thoughts may become consumed with what we will do and how it will make us feel. Even right now, while reading this paragraph many of us can viscerally remember how easy it was to make ourselves feel good. Now imagine those feelings when your mind isn’t 100% focused on recovery...what will stop you from acting? In my relapse prevention plan I have written three words to use if I should get to this phase: **ASK FOR HELP!**

**Act Out Phase:** This is it, this is Relapse. We are engaging in our compulsive sexual behavior. For whatever reason, we have tried to apply a coping response and failed. A triggering event led us to choose to revert to our addict thoughts, addict feelings, and addict behavior patterns. How long will it be before we act out again? Having failed to stop it once, do we think we’ll be successful this time? Please look at the last three words of the last paragraph and follow their advice. This is the only sure way to be able to reset to the Maintenance Phase. Why? Because once we’ve acted

out we return to the downward spiral that is known as the Justification Phase.

**Justification Phase:** This phase is why it is so hard to self-reset to the Maintenance Phase. As soon as we act out we are bombarded with reward and release. We get the big dopamine payoff for acting out. After that it is only a matter of time before we may begin thinking familiar thoughts: Minimization, denial, rationalization, blame. We may begin feeling familiar emotions: Despair, shame, guilt, fear, false remorse. We may begin engaging in familiar behaviors: False resolve (promises to stop), avoidance of responsibility, suppression of problems and emotions. This toxic cocktail of maladaptive self-protection behaviors are the same false promises we have swallowed time and time again. We know that it will allow us to engage in our CSB over and over unless it is interrupted. How did you get to the point where you chose to read this book? This is the only place Justification Phase leads unless you take immediate, concrete steps to prevent another relapse.

When reviewing the Relapse/Prevention Tree I want you to be aware that, at every point up to Relapse, there is always an opportunity to stop. There is always a choice to revert to your recovery lifestyle, there is always a choice to ask someone for help. Yes, there will be difficulties. Yes, you will be triggered. View these as opportunities, not obstacles. View them as another chance to live your values and validate your recovery. Now, I am not advocating placing yourself in situations rife with triggers. That would be foolish. Why would a recovering gambling addict want to go to a casino? Why would we want to drive past that strip club or massage parlor every day? Especially in the early years of recovery we must guard ourselves against known triggers and practice healthy coping behaviors with the help of our supporters. Don't give yourself a subconscious "out" just because someone said "it's inevitable" or "you're just that kind of person." Don't let someone tell you that there is a plausible, possible, or probable path for you to follow. Statistics are the worst kind of prophecy. (All are fortune telling until it happens and most are thinking shortcuts applied in lieu of looking at each person as an individual.) Follow your own path, live your own values, and create your own outcomes. While "Relapse is a Part of Recovery" is used in some treatment circles I am a firm believer that relapse does not have to be part of our recovery.

## **A Note to the Incarcerated**

*"I am thoroughly convinced after spending fourteen years in prison with murderers, rapist, bank robbers, child molesters, tax dodgers, drug dealers and every sort of criminal imaginable, that the fundamental nature of all human beings is good."*

– Fleet Maull, *Dharma in Hell*

If you are incarcerated there can be no doubt you're at a bottom. The only question now is: Which bottom will this be? Is this the bottom where you stand up and start climbing or will you pick up a shovel and start to dig? You can rise up and meet your own expectations, you can rise up and live your values, or you can sink down to some people's expectations of a sex offender. Will you accept responsibility for what you've done, or will you insist that the government was "out to get me," or that "it was only one picture," or maybe, "it's all bullshit, there was no victim, I was talking to an undercover officer?" The insidious thing about compulsive sexual behavior is that no matter how well you try to hide from it, it will come and find you if you don't make sure you completely root it out of your life. Here is where your choice lies: ignore it, or master it. Your incarceration allows you the chance to focus on you, to focus on what got you here, and to focus on rebuilding yourself into a happy, healthy, productive member of society. Regardless if you receive the mandatory minimum sentence or a life sentence, regardless if you seek help and treatment or not, you have a choice. A choice between sitting where you've fallen or standing up and moving on. A choice between fighting society or improving society...between pulling others down to your level or helping others rise up...between blaming your failures on what others should or could have done for you or owning every inch of your existence whether it's good, bad, or ugly.

If you are in prison, your first concern needs to be for yourself. And, to that end, your self-care needs to focus on identifying and correcting your unhealthy or deviant thoughts and emotions in order to stop your unhealthy or deviant behaviors. You should not be concerned with impressing others because you think it will help to shorten your sentence or make you look better. This is an extremely shortsighted, selfish, and potentially harmful way to think. You've been arrested! It doesn't get any prettier! You can't undo what you've done! Now is the time to focus on yourself and fix things. It is shortsighted because recovery is a marathon, not a sprint. Changing our lives and living in recovery is a *lifestyle* not a class to be taken or a certificate to be earned. Doing this, or any other kind of treatment with an eye for only what it can do for you now is counterproductive and will leave you disillusioned if and when you realize that your plan didn't work. It is selfish because it ignores everyone but yourself. Going through the motions to show the judge you're "involved" or "being rehabilitated" serves only you and no one else. It denies anyone you've hurt the honest effort they deserve from you to better yourself and prevent any chance of re-offending. It gets *you* that certificate so *you* look like a good guy or gal to probation or the judge. When I say you need to focus on yourself you must be aware that there are both productive and counterproductive ways to do this. It is potentially harmful to your overall long term chances of success because this type of motivation almost always runs out of steam, doesn't produce the desired results and, as a result, leaves the person disillusioned and disheartened thereby reducing the chance that they may make an honest, concerted attempt at recovery sometime in the future. Turning up to a church group, class, or attending a therapy group should be done with an eye toward your long term success. Don't risk later damage for a quick fix now.

I wish this was just a scare tactic but I have seen it myself. People sign up for treatment or bible study. They phone it in or try to fake it until they make it. If they earn a certificate they are usually let down by the impact it has with the court. They return from sentencing and whether they received 5, 10, or 40 years, they never go back to treatment, bible study, or any other form of therapy. And then what happens? The result is usually the same: They give up on any chance of making mental or spiritual progress because the outcome didn't meet their expectations. Then they get out. Maybe they decide to go it alone, or they just do their check-in meetings, they don't form a solid support structure, or maybe they are too scared to ask anyone else for help lest they have another let-down. After that it's a matter of time until there is a probation violation or even worse...another offense, more victims, more time in prison. Again, I wish I was making this up but more often than not the repeat offenders to whom I have spoken fall into this group. They tried treatment but didn't like it or thought they got enough out of it to be good once they got out. And please do not make the mistake that any sort of extrinsic, deterrent, or coercive motivation will keep you from going back to your old habits. In the long run, disincentives (negative motivation or reinforcement) will always be insufficient protection against relapse and recidivism for a person who has not shed their criminal thinking errors. Well, it will be effective right up until the day you decide you're smarter now and won't get caught...but, you will get caught. We all do.

I would rather begin the rest of my life being too restrictive with respect to my thoughts and behaviors and then, once I am in a rational frame of mind with a solid support base, begin relaxing some areas than, while I am not yet in a rational frame of mind make decisions about thoughts and behaviors, allows myself too much leeway, thereby adversely impacting my recovery and risk the chance of setting myself up for relapse. This includes your attitude to all forms of therapy while incarcerated. Are any of us in a position, especially when considering our past patterns of behavior, to make a good judgment about how much help we need? In order to determine this while incarcerated, you will need guidance, and you will also need to do this with a positive motivation as opposed to doing it to avoid punishment, or to achieve the false-positive of the easy certificate and time off your sentence. I recognize that the Federal Bureau of Prisons and most state and county-level corrections agencies are not geared toward helping you (a sex offender) get better. Unlike many prison systems in Europe, the United States still focuses on the incarceration and detention of a person as a way to protect public safety without giving much effort to rehabilitating that same person and lessening the chances of recidivism. But there are some programs to treat sex offenders. Most are located at Federal Medical Centers (FMCs). FMC Devens has both a Sex Offender Management Program and a Resident Sex Offender Treatment Program, the Massachusetts DOC has a treatment center just for sex offenders and, if you can, I highly recommend doing everything you can to obtain a spot in a similar program. But the reality is, you may not be able to do this. This is the system we have. Change only comes at a glacial pace. Do not think that, "I didn't get the help I needed," will have any weight when you appear in front of the Court when you re-offend. Where you can find help, use it. Get seen as much as you can. Speak with people who can help you determine how much of what kind of therapy you need. Err on the side of more rather than less. It is always easier to scale back than to ramp up once you've begun a course of treatment.

So what can you do is there isn't much help to be found? For the first *XX* months of my incarceration I was held at the Donald W. Wyatt Detention Center in Rhode Island. For the first 24

months, I had seven one-on-one counseling sessions and approximately twenty Sex Offender Treatment Program group meetings. Half of the time the group was scheduled to meet it was cancelled. To me this was both scary and frustrating. Looking up from the bottom, I was desperate for help. I didn't have much to work with but I will guarantee that if you're reading this while incarcerated you have the same resources I did. This means you can start work on your recovery now. Discounting the support of my father (a trained psychologist) the two biggest things that kick-started started my recovery were books and my cellmate. Have something of value to read, and have someone of value to talk to. That value is there but you'll have to work to find it, you may have to beg to get it, but you have the time to do it. Malcolm X said of prison, "In the hectic pace of the world today, there is no time for meditation, or for deep thought. A prisoner has time that he can put to good use. I'd put prison second to college as the best place for a man to go if he needs to do some thinking. If he's motivated, in prison he can change his life." (Haley, 1976)

As we learned when discussing the OODA Loop, if we want to change how we orient ourselves to the world and thus change our behaviors, we will need to flush out the old cognitive schemas and cognitive distortions that led us to offend. Reading is the easiest way to begin doing this. As long as the book comes from a reputable publisher (sorry, no self-published books about the Flat Earth Conspiracy or the Mandela Effect) and deals with psychology, sex addiction, physical health, or spirituality you'll be making a good start. Read. Take your time. Underline passages that speak to you. Take notes. Allow the notes to guide your own introspective writing. (Remember: Thinking, Writing, Talking). Additionally, ask your unit manager or the facility's mental health coordinator (if they have one) to print out self-help packets that use cognitive behavioral therapy methods to address problems. Here is a list of recommended reading based on the first books my father sent me and the ones that profoundly influenced my recovery:

<u>Title</u>	<u>Author</u>
As a Man Thinketh	James Allen
Breaking the Cycle	George N. Collins
Man's Search for Meaning	Viktor Frankl
The Autobiography of Malcolm X	as told to Alex Haley
Trauma and Recovery	Judith Herman
The Porn Trap	Wendy Maltz
The Truth about Addiction and Recovery	Stanton Peele
The Alcoholism and Addiction Cure	Chris Prentiss
Stillness Speaks	Eckhart Tolle
The Power of Now	Eckhart Tolle
Conversations with God	

Finally, for those of us who have recognized the harm our actions have caused to other people, there is no quick-fix for those we've harmed. Indeed, some may never recover. The reason I place so much value on the content of Chapter 6 is that self-forgiveness may be all we are able to achieve. *A sentencing, a divorce, or any other event cannot grant closure to someone unless they, the wronged party, choose to give it that significance and then take the necessary cognitive and emotional steps to process it as such.* Therefore, to assume that any of those events, or any actions of atonement we perform, have any more significance toward closure than hearing a Frank Sinatra song on the radio is an exercise in fortune-telling. Only the wronged party can make that

decision... not a counselor, not a judge, and certainly not us. But that realization does not absolve us from trying. The first step is to begin with healing ourselves and, in this case, *we can* decide which events will grant us the healing and self-forgiveness we need. It is only once that task is underway that we can we shift our attention to atonement.

For those of us in prison, especially those of us with long sentences akin to Dr. Frankl's "provisional existence of unknown limit," the drive to complete both of these can only come from within. We have to do it for ourselves. And in the prison environment this can be extremely difficult. Fleet Maull served 14 years in federal prison for drug smuggling. Upon his release he founded both the Prison Dharma Institute and the National Prison Hospice Association. In his book, *Dharma in Hell*, he recalls his own difficulty in finding inner peace, healing, and self-forgiveness,

"We are buried under a mountain of guilt, shame, and demonization heaped upon us by prosecutors, judges, jailors, the media, politicians, correctional staff, and society. This makes it very difficult to feel the genuine remorse and regret necessary for change and healing. Instead we tend to project our shame and self-hatred outward in the form of anger, bitterness, and hostility toward the system and its representatives – the prison staff and police." (Maull, 2005)

We all have to get past the internal and external mantras that tell us, "You're no good, you're a criminal, you're a ChoMo, and you're an animal." Regardless of what type of facility we find ourselves in we must adopt an approach to life that encourages and empowers us to take responsibility for what we've done, to make amends, and to change ourselves and our future. (Maull, 2005) As a sex offender, I can tell you for a fact that this won't be easy, *but it will be worth it.*

Don't focus on the short term. Focus on doing it right. Focus on getting better, no matter what the time line. Viktor Frankl had an indeterminate sentence at Auschwitz, Fleet Maull was sentenced to 30 years. If you have truly come to grips with what you've done it should be obvious that it is better to get a life sentence and be the person you know you truly are, than to be back in prison again and again because you continuously revert to deviant behavior, because you revert to harming yourself or others, because you revert to short term satisfaction and pleasure instead of long term health and happiness.

It is my sincere hope that if you've read this far, you are aware of the truth behind my words. Choose your support structure in prison wisely and focus on winning the long game of your recovery. Take the time to do this right. And, if you can, take the time to help someone else. You'll be able to identify those who want to get better and those who could care less. We can't make people want to get better, but for the ones who do, we can help and support them in their recovery and learn more about ourselves in the process. And, if that helps us to better understand our errors and become more devoted to recovery and atonement, that's the best reward we can hope to receive. I know it's not a certificate or time off our sentences, but it is much more valuable. Finally, continue that mindset on the outside after your release. Help yourself and help others. George N.

Collins has a chapter in his book called “Tell the Young Men” in which he describes one man’s decision to talk to his male employees about his sex addiction. In doing so, this man was able to help other men seek treatment. By talking with people before they offend, you may provide them the opportunity to make the choice we never made until it was too late. The only way we can reduce the number of victims of sex crimes is to reduce the number of people committing sex crimes.

I’ll leave you with a quote that I found in, of all places, a detective book I read. But I feel it encapsulates the feelings of many of us who have done terrible things, awakened from their delusions in prison, and dedicated their lives not only to improving themselves, but to helping as many others as they can:

“I, too, have begun to understand, to recognize a duty to the rest, to those whom I have never known as much as to those whom I have loved. The nature of humanity, its essence, is to feel another’s pain as one’s own, and to act to take that pain away. There is a nobility in compassion, a beauty in empathy, a grace in forgiveness. I am a flawed man, with a violent past that won’t be denied, but I will not allow innocent people to suffer when it is within my power to help them. I will not turn my back on them. I will not walk away. And if, in doing these things, I can make some amends, some recompense, for the things that I have done and for all that I have failed to do, then that will be my consolation. For reparation is the shadow cast by salvation.” –John Connolly, *The Killing Kind*

# Conclusion

## Keeping Working

If I have (at the very least) sparked in you the curiosity to change by showing that change is possible, that's a good start. If you look at my story and are motivated by the realization that you have less to overcome, good! But if you think "I'm not that bad, I didn't look at child porn, I didn't molest anyone..." Beware. Every time you engage in your compulsive sexual behavior you may be moments away from ...the worst day of your life...hitting bottom...minimizing your past behavior...rationalizing your next step. Will that next step be into deviant or violent behavior? Will you then deny the harm you've done to yourself, your family, to victims you've never met?

Each of us must free ourselves. We must show up. We must do the heavy lifting. But that does not mean you will be alone. Your support structure of friends, family, and trained professionals is there to guide, to mentor, and to kick you in the butt when you need it. You will need them to be there, but only you can fix you. Remember, "I am my problem, but I am also my solution." We can create whatever reality we choose. For years that reality was limited by ideas and beliefs that we accepted and that we allowed to condition us into our CSB. By releasing our fears, limits, and expectations we can see that our creative power is truly beyond comprehension.

Now ask yourself, what will I create with my forgiveness? I met plenty of people in prison who were "saved" or "forgiven." The problem was that a large amount of them view their lives through the lens of "God forgave me so now I don't have to do anything," and spend their days indulging in deviant thought patterns and creating nothing but more pain for those around them. Why? Because they're forgiven and that's all that matters! Think back to Chapter 5 and the values you identified. Unless accompanied by a change in [behaviors, values, etc.] which are reflective of your desire to atone to yourself and your victim for the act or omission that required forgiving, have you really forgiven anything? This is the same behavior I saw in prison. At best this is an [empty/hollow/wasted/empty token] of the divine gift from your Creator...or from you, the one who is the creator of yourself.

## Tell Others, Help Others

Each new choice we make is a step away from our compulsive sexual behavior and a step toward a healthy life. These steps are growth experiences, and each one is built on the one that came before it. These experiences create the wisdom that will guide us into our new lives. Which experiences will you choose to create for yourself? And if wisdom is created by experience, I think we can all look back on our lives and realize that we have accumulated a massive library of what *not* to do. Own that, make it a strength, and use it to make you the person you truly are.

In order for this to be effective we all must pay it forward. Merely reacting to compulsive sexual behavior is not sufficient. We must proactively reach out to others through our own experiences, positive and negative. We can show others not only that recovery is possible but also show them that they are not alone. Reach out to others the same way this book reached out to you. Be the change you wish to see, not only in yourself but in the world. Live the values, live the rational thinking, live the balance of mind, body, and spirit you wish you'd always lived. No, you can't change the past, but you can begin now to [write/live] a new ending. I hope my own

experiences have shown you what is possible. I hope I've shown you that recovery is a realistic, achievable goal. For those of you who haven't broken the law in the course of your CSB you should be able to see how bad things can get; for those of you who have, you should be able to see how much better things can be.

The most important thing that any of us can do now is to use our newfound values and sense of self to help others. Reach out, share your troubles and successes. Think about becoming a peer counselor in an informal, "let's chat over a cup of coffee" way. Sharing your journey with a friend can not only help them, but it can also help you to keep your past behaviors in perspective and continue living a healthy, values-based life. Talking with others was one of the most powerful things I have ever done to help me identify my past errors and to reinforce my desire to live in accordance with my values. The work I did as the co-facilitator of a Sex Offender Treatment Program along with the one-on-one conversations that happened after group exposed me to a wide variety of life experiences and attitudes. When I was talking to someone who did not want to change, I was still able to learn something about my desire to change; and conversations with some men were like holding up a mirror to my own experiences. Continuing to talk with others helps us ensure that we never go back to avoidance and minimization of our addiction. Our ability to reach out and show others that healthy choices are possible reaps the greatest benefit of all: The prevention of new victims and the protection of survivors.

That goal is what ultimately underpins the writing of this book, underpins my recovery, and (I hope) strongly influences your decision to help yourself. I cannot bear to see anyone else experience what I suffered as a child and adult, and I cannot bear to see anyone repeat my offenses and cause innocent people to suffer. Reach out to those you know who have a problem and you can prevent others from being victimized. Supporting those who have offended to remain in recovery protects the survivors who worry about those who offended against them. We are all in this together, victims and offenders. Perspective is only gained and progress is only made when we come to understand that we're all survivors and we're all human. Embrace the new choices you have discovered and teach them to others.

### **Be Free**

While life in an actual prison is the reality for some men and women reading this book, the metaphor of prison applies to everyone who battles sex addiction. Both prisons are easy solutions. The metaphorical prison allows us to continue our behavior by accepting the lie that we can't change and we can never leave. It keeps you safe but deluded; secure in a repetitive pleasurable behavior and protected from doing the difficult, scary work of recovery. The physical prison is similar. For those who don't care to change it protects the public but allows an easy life of free room and board. For those motivated to change it tests their resolve but deprives society of the good those people can contribute. For both groups, change only comes if you want it.

For those of you to whom the metaphor applies, walk out that door today and do not look back; and for those to whom prison is a reality, keep the faith, becoming the person you were meant to be does not depend on your physical location. We can all set ourselves free from sex addiction. We just need to have the courage to make that first healthy choice to seek change and ask for help. This is where my book ends and where *your* book begins. Your ending is still unwritten. Write something that will make you proud.

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**Running thoughts/to-do list:**

- Differentiate language used for *thoughts* and *emotions*.
- Standardize use of **bold**, **bold underline**, *italic*, *italic underline*, etc.
- Pronoun agreement and standardization: You/Yours vs. We/Ours, etc.
- Add practical exercises in each chapter (e.g. meta-cognition exercises)
- To what extent do I add my own chronological narrative to this?
  - Review amount and level of detail WRT to my experiences. There needs to be a line between telling my story & making my point and respecting privacy for M&S
-